

NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----	
2,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,962	22,406	\$ 888,676.02	\$ 39.66	8.308	\$ 452.94	\$ 329.51	
@PHYSICIANS SERVICES	370	1,572	\$ 23,234.97	\$ 14.78	.583	\$ 62.80	\$ 8.62	
OUTPATIENT VISITS	5	6	167.80	27.97	.002	33.56	.06	
OFFICE VISITS	5	6	167.80	27.97	.002	33.56	.06	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	2	5.64	2.82	.001	5.64	.00	
RADIOLOGY	1	2	25.53	12.77	.001	25.53	.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1	10.00	10.00	.000	10.00	.00	
OTHER SERVICES/ALL X-OVERS	365	1,561	23,026.00	14.75	.579	63.08	8.54	
@PHARMACY	1,677	12,487	\$ 404,457.93	\$ 32.39	4.630	\$ 241.18	\$ 149.97	
PRESCRIPTION DRUGS	1,657	6,409	391,700.14	61.12	2.376	236.39	145.24	
SNF/ICF	74	398	19,844.63	49.86	.148	268.17	7.36	
OUTPATIENTS	1,604	6,011	371,855.51	61.86	2.229	231.83	137.88	
MEDICAL SUPPLIES	128	6,078	12,757.79	2.10	2.254	99.67	4.73	
@DENTIST	86	282	\$ 17,088.51	\$ 60.60	.105	\$ 198.70	\$ 6.34	
VISITS - DIAGNOSTIC	56	165	2,387.00	14.47	.061	42.63	.89	
ORAL SURGERY	9	34	1,509.00	44.38	.013	167.67	.56	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	3	3	455.00	151.67	.001	151.67	.17	
ENDODONTICS	3	8	2,085.00	260.63	.003	695.00	.77	
RESTORATIVE DENTISTRY	15	30	4,799.00	159.97	.011	319.93	1.78	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	23	42	5,853.51	139.37	.016	254.50	2.17	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

2,697 ELIGIBLES		AID CODE 10		----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	42	94	\$ 1,909.32	\$ 20.31	.035	\$ 45.46	\$.71	
DIAGNOSTIC AND ANC. PROCED	3	3	102.91	34.30	.001	34.30	.04	
EYE APPLIANCES	24	65	1,108.33	17.05	.024	46.18	.41	
OTHER OPTOMETRIC SERVICES	18	26	698.08	26.85	.010	38.78	.26	
@CHIROPRACTOR	8	16	\$ 210.76	\$ 13.17	.006	\$ 26.35	\$.08	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	8	16	210.76	13.17	.006	26.35	.08	
@PODIATRIST	56	79	\$ 607.53	\$ 7.69	.029	\$ 10.85	\$.23	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	56	79	607.53	7.69	.029	10.85	.23	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	1	11	\$ 29.17	\$ 2.65	.004	\$ 29.17	\$.01	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	1	1	\$ 18.10	\$ 18.10	.000	\$ 18.10	\$.01	
@TOTAL HOSPITAL	308	1,602	\$ 131,389.25	\$ 82.02	.594	\$ 426.59	\$ 48.72	
HOSP INPATIENT TOTAL	52	299	100,163.40	334.99	.111	1926.22	37.14	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	6	68	69,058.44	1015.57	.025	11509.74	25.61	
ACCOMMODATIONS	6	68	28,065.76	412.73	.025	4677.63	10.41	
ADMINISTRATIVE DAYS	1	3	665.86	221.95	.001	665.86	.25	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	6	65	27,399.90	421.54	.024	4566.65	10.16	
ANCILLARIES	6	0	40,992.68	.00	.000	6832.11	15.20	
INPATIENT CROSSOVERS	46	231	31,104.96	134.65	.086	676.19	11.53	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	263	1,303	31,225.85	23.96	.483	118.73	11.58	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	8	102.55	12.82	.003	51.28	.04	
RADIOLOGY	1	2	70.12	35.06	.001	70.12	.03	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	260	1,293	31,053.18	24.02	.479	119.44	11.51	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,515
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

	2,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	308	1,602	\$	131,389.25	\$ 82.02	.594	\$ 426.59	\$ 48.72
COMM HOSP INPATIENT TOTAL	52	299		100,163.40	334.99	.111	1926.22	37.14
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	68		69,058.44	1015.57	.025	11509.74	25.61
ACCOMMODATIONS	6	68		28,065.76	412.73	.025	4677.63	10.41
ADMINISTRATIVE DAYS	1	3		665.86	221.95	.001	665.86	.25
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	65		27,399.90	421.54	.024	4566.65	10.16
ANCILLARIES	6	0		40,992.68	.00	.000	6832.11	15.20
INPATIENT CROSSOVERS	46	231		31,104.96	134.65	.086	676.19	11.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	263	1,303		31,225.85	23.96	.483	118.73	11.58
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	8		102.55	12.82	.003	51.28	.04
RADIOLOGY	1	2		70.12	35.06	.001	70.12	.03
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	260	1,293		31,053.18	24.02	.479	119.44	11.51
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	66	1,419	\$	225,027.95	\$ 158.58	.526	\$ 3409.51	\$ 83.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	66	1,419		225,027.95	158.58	.526	3409.51	83.44
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	26	\$	10,384.16	\$ 399.39	.010	\$ 451.49	\$ 3.85
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	26		10,384.16	399.39	.010	451.49	3.85
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	23.15	\$ 23.15	.000	\$ 23.15	\$.01
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	1		23.15	23.15	.000	23.15	.01
@ORGANIZED OUTPATIENT CLINIC	55	100	\$	11,322.67	\$ 113.23	.037	\$ 205.87	\$ 4.20
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	7	9		1,802.22	200.25	.003	257.46	.67
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	48	91		9,520.45	104.62	.034	198.34	3.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,516

2,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	380	4,716	\$ 62,972.55	\$ 13.35	1.749	\$ 165.72	\$ 23.35
DURABLE MED. EQUIP.	8	45	2,936.19	65.25	.017	367.02	1.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	24	34	4,998.84	147.02	.013	208.29	1.85
MEDICAL TRANSPORTATION	12	282	776.56	2.75	.105	64.71	.29
AMBULANCES/AIR TRANS	2	25	242.39	9.70	.009	121.20	.09
OTHER TRANS	2	50	92.36	1.85	.019	46.18	.03
OTHER SERVICES	8	207	441.81	2.13	.077	55.23	.16
ACUPUNCTURE	2	18	227.10	12.62	.007	113.55	.08
ADULT DAY HEALTH CARE CTR	40	516	34,461.07	66.79	.191	861.53	12.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	47	101	1,215.10	12.03	.037	25.85	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	8	15	272.39	18.16	.006	34.05	.10
PROSTHETICS	8	15	272.39	18.16	.006	34.05	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	9.00	9.00	.000	9.00	.00
HOSPICE SERVICES	2	9	978.64	108.74	.003	489.32	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	269	3,694	17,097.01	4.63	1.370	63.56	6.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	884	6,072	\$ 160,930.85	\$ 26.50	2.251	\$ 182.05	\$ 59.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 8,517

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	420	18,666	\$ 323,462.68	\$ 17.33	31.058	\$ 770.15	\$ 538.21
@PHYSICIANS SERVICES	160	390	\$ 12,620.91	\$ 32.36	.649	\$ 78.88	\$ 21.00
OUTPATIENT VISITS	88	117	4,121.01	35.22	.195	46.83	6.86
OFFICE VISITS	68	82	2,768.74	33.77	.136	40.72	4.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,201.23	40.04	.050	50.05	2.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	151.04	30.21	.008	30.21	.25
INPATIENT VISITS	2	8	465.47	58.18	.013	232.74	.77
HOSPITAL VISITS	2	8	465.47	58.18	.013	232.74	.77
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8		286.21	35.78	.013	35.78	.48
EXAMINATIONS	8	8		286.21	35.78	.013	35.78	.48
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		1,540.08	770.04	.003	770.04	2.56
PRINCIPAL SURGEON	2	2		1,147.80	573.90	.003	573.90	1.91
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		392.28	.00	.000	.00	.65
OUTPATIENT SURGERY	8	12		666.13	55.51	.020	83.27	1.11
PRINCIPAL SURGEON	8	10		574.78	57.48	.017	71.85	.96
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.003	91.35	.15
DIALYSIS	5	5		1,134.21	226.84	.008	226.84	1.89
PATHOLOGY	9	15		382.58	25.51	.025	42.51	.64
RADIOLOGY	27	48		1,415.38	29.49	.080	52.42	2.36
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.00	10.00	.002	10.00	.02
OTHER SERVICES/ALL X-OVERS	63	174		2,599.84	14.94	.290	41.27	4.33
@PHARMACY	308	1,599	\$	166,127.71	\$ 103.89	2.661	\$ 539.38	\$ 276.42
PRESCRIPTION DRUGS	308	1,438		160,960.44	111.93	2.393	522.60	267.82
SNF/ICF	5	46		1,411.31	30.68	.077	282.26	2.35
OUTPATIENTS	304	1,392		159,549.13	114.62	2.316	524.83	265.47
MEDICAL SUPPLIES	33	161		5,167.27	32.09	.268	156.58	8.60
@DENTIST	25	62	\$	1,648.00	\$ 26.58	.103	\$ 65.92	\$ 2.74
VISITS - DIAGNOSTIC	23	45		973.00	21.62	.075	42.30	1.62
ORAL SURGERY	4	4		180.00	45.00	.007	45.00	.30
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12		465.00	38.75	.020	77.50	.77
PROSTHETICS	1	1		30.00	30.00	.002	30.00	.05

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,518
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.007	\$ 100.56	\$.17
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	1	3	53.11	17.70	.005	53.11	.09
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	9	\$ 137.71	\$ 15.30	.015	\$ 22.95	\$.23
MEDICINE/INJECTIONS	1	1	51.00	51.00	.002	51.00	.08
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	8	86.71	10.84	.013	17.34	.14
@HOME HEALTH AGENCY	2	724	\$ 21,421.00	\$ 29.59	1.205	\$ 10710.50	\$ 35.64
NURSE ANESTHESIST	2	14	\$ 37.41	\$ 2.67	.023	\$ 18.71	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	109	504	\$ 25,668.85	\$ 50.93	.839	\$ 235.49	\$ 42.71
HOSP INPATIENT TOTAL	7	24	15,519.00	646.63	.040	2217.00	25.82
HSC HOSPITALS	1	8	9,615.00	1201.88	.013	9615.00	16.00
NON-HSC HOSPITAL TOTAL	2	3	2,656.00	885.33	.005	1328.00	4.42
ACCOMMODATIONS	2	3	967.54	322.51	.005	483.77	1.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	967.54	322.51	.005	483.77	1.61
ANCILLARIES	2	0	1,688.46	.00	.000	844.23	2.81
INPATIENT CROSSOVERS	4	13	3,248.00	249.85	.022	812.00	5.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	105	480	10,149.85	21.15	.799	96.67	16.89
MEDICAL	10	12	595.19	49.60	.020	59.52	.99
SURGERY	7	7	124.95	17.85	.012	17.85	.21
PATHOLOGY	32	134	1,832.69	13.68	.223	57.27	3.05
RADIOLOGY	21	30	1,177.32	39.24	.050	56.06	1.96
ROOM USE	41	52	2,032.06	39.08	.087	49.56	3.38
CROSSOVERS/ALL OTH OUTPTNT	58	245	4,387.64	17.91	.408	75.65	7.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,519
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	109	504	\$ 25,668.85	\$ 50.93	.839	\$ 235.49	\$ 42.71
COMM HOSP INPATIENT TOTAL	7	24	15,519.00	646.63	.040	2217.00	25.82
HSC HOSPITALS	1	8	9,615.00	1201.88	.013	9615.00	16.00
NON-HSC HOSPITALS TOTAL	2	3	2,656.00	885.33	.005	1328.00	4.42
ACCOMMODATIONS	2	3	967.54	322.51	.005	483.77	1.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	967.54	322.51	.005	483.77	1.61
ANCILLARIES	2	0	1,688.46	.00	.000	844.23	2.81
INPATIENT CROSSOVERS	4	13	3,248.00	249.85	.022	812.00	5.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	105	480	10,149.85	21.15	.799	96.67	16.89
MEDICAL	10	12	595.19	49.60	.020	59.52	.99
SURGERY	7	7	124.95	17.85	.012	17.85	.21
PATHOLOGY	32	134	1,832.69	13.68	.223	57.27	3.05
RADIOLOGY	21	30	1,177.32	39.24	.050	56.06	1.96
ROOM USE	41	52	2,032.06	39.08	.087	49.56	3.38
CROSSOVERS/ALL OTH OUTPTNT	58	245	4,387.64	17.91	.408	75.65	7.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	103	\$ 19,153.95	\$ 185.96	.171	\$ 1915.40	\$ 31.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	103	19,153.95	185.96	.171	1915.40	31.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	301	\$ 12,720.91	\$ 42.26	.501	\$ 2120.15	\$ 21.17
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	301	12,720.91	42.26	.501	2120.15	21.17
@REHABILITATION FACILITY	13	105	\$ 1,618.49	\$ 15.41	.175	\$ 124.50	\$ 2.69
HOSPITAL BASED	1	1	34.56	34.56	.002	34.56	.06
INDEPENDENT FACILITY	12	104	1,583.93	15.23	.173	131.99	2.64
@LABORATORY FACILITY	6	48	\$ 871.10	\$ 18.15	.080	\$ 145.18	\$ 1.45
PATHOLOGY	6	48	871.10	18.15	.080	145.18	1.45
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

ORGANIZED OUTPATIENT CLINIC	18	37	\$	3,671.10	\$	99.22	.062	\$	203.95	\$	6.11
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	37		3,671.10		99.22	.062		203.95		6.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,520
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	136	14,766	\$ 57,664.98	\$ 3.91	24.569	\$ 424.01	\$ 95.95
DURABLE MED. EQUIP.	7	32	3,048.04	95.25	.053	435.43	5.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	100.00	25.00	.007	25.00	.17
MEDICAL TRANSPORTATION	3	56	3,083.53	55.06	.093	1027.84	5.13
AMBULANCES/AIR TRANS	3	55	1,283.53	23.34	.092	427.84	2.14
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	3.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	23	185	12,348.47	66.75	.308	536.89	20.55
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	168.48	10.53	.027	24.07	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	1,142.38	103.85	.018	571.19	1.90
PROSTHETICS	2	11	1,142.38	103.85	.018	571.19	1.90
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	53.20	26.60	.003	26.60	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	7,053	32,569.10	4.62	11.735	775.45	54.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	7,407	5,151.78	.70	12.324	92.00	8.57
@CALIF. CHILDREN SERVICES*	32	625	\$ 17,426.34	\$ 27.88	1.040	\$ 544.57	\$ 29.00
@XOVER EXCLUDING STATE HOSP**	102	515	\$ 17,787.94	\$ 34.54	.857	\$ 174.39	\$ 29.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,521
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

16,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,437	323,809	\$ 9,025,240.52	\$ 27.87	19.139	\$ 725.68	\$ 533.44
@PHYSICIANS SERVICES	4,149	14,596	\$ 487,839.92	\$ 33.42	.863	\$ 117.58	\$ 28.83
OUTPATIENT VISITS	2,584	4,253	151,649.28	35.66	.251	58.69	8.96
OFFICE VISITS	1,933	2,856	86,323.36	30.23	.169	44.66	5.10
HOME VISITS	5	6	337.49	56.25	.000	67.50	.02
EMERGENCY ROOM	822	1,201	59,107.92	49.22	.071	71.91	3.49

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2		186.31	93.16	.000	186.31	.01
OTHER OUTPATIENT	173	188		5,694.20	30.29	.011	32.91	.34
INPATIENT VISITS	223	901		41,153.35	45.68	.053	184.54	2.43
HOSPITAL VISITS	174	809		36,409.47	45.01	.048	209.25	2.15
CRITICAL CARE	12	27		2,781.08	103.00	.002	231.76	.16
SNF/ICF/TRANS IP CARE	49	65		1,962.80	30.20	.004	40.06	.12
OPHTHALMOLOGICAL SERVICES	80	90		3,987.89	44.31	.005	49.85	.24
EXAMINATIONS	80	90		3,987.89	44.31	.005	49.85	.24
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	94	630		65,492.89	103.96	.037	696.73	3.87
PRINCIPAL SURGEON	72	110		50,503.59	459.12	.007	701.44	2.99
ASSISTANT SURGEON	11	11		3,486.19	316.93	.001	316.93	.21
ANESTHESIOLOGIST	34	509		11,503.11	22.60	.030	338.33	.68
OUTPATIENT SURGERY	325	770		59,084.64	76.73	.046	181.80	3.49
PRINCIPAL SURGEON	277	347		48,098.54	138.61	.021	173.64	2.84
ASSISTANT SURGEON	4	4		598.66	149.67	.000	149.67	.04
ANESTHESIOLOGIST	66	419		10,387.44	24.79	.025	157.39	.61
DIALYSIS	23	106		6,915.56	65.24	.006	300.68	.41
PATHOLOGY	323	574		11,126.99	19.39	.034	34.45	.66
RADIOLOGY	876	1,564		49,571.41	31.70	.092	56.59	2.93
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	137	315		3,644.92	11.57	.019	26.61	.22
OTHER SERVICES/ALL X-OVERS	1,599	5,393		95,212.99	17.65	.319	59.55	5.63
@PHARMACY	10,236	101,021	\$	4,829,493.49	\$ 47.81	5.971	\$ 471.81	\$ 285.45
PRESCRIPTION DRUGS	10,163	44,236		4,734,438.02	107.03	2.615	465.85	279.83
SNF/ICF	270	1,793		165,135.04	92.10	.106	611.61	9.76
OUTPATIENTS	9,946	42,443		4,569,302.98	107.66	2.509	459.41	270.07
MEDICAL SUPPLIES	537	56,785		95,055.47	1.67	3.356	177.01	5.62
@DENTIST	894	3,326	\$	144,361.15	\$ 43.40	.197	\$ 161.48	\$ 8.53
VISITS - DIAGNOSTIC	604	1,934		31,561.09	16.32	.114	52.25	1.87
ORAL SURGERY	123	438		19,123.37	43.66	.026	155.47	1.13
DRUGS	14	14		250.00	17.86	.001	17.86	.01
ANESTHESIA	8	8		800.00	100.00	.000	100.00	.05
PERIODONTICS	24	37		6,530.00	176.49	.002	272.08	.39
ENDODONTICS	37	50		11,180.00	223.60	.003	302.16	.66
RESTORATIVE DENTISTRY	282	669		47,500.50	71.00	.040	168.44	2.81
PROSTHETICS	10	9		199.00	22.11	.001	19.90	.01
DENTURES, STAYPLATES	75	156		26,316.00	168.69	.009	350.88	1.56
SPACE MAINTAINERS	4	4		600.00	150.00	.000	150.00	.04
MAXILLOFACIAL SERVICES	2	2		266.19	133.10	.000	133.10	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	4	4		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 8,522 01/17/03

16,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	331	949	\$ 19,502.72	\$ 20.55	.056	\$ 58.92	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	133	137	6,199.85	45.25	.008	46.62	.37
EYE APPLIANCES	257	746	11,949.34	16.02	.044	46.50	.71
OTHER OPTOMETRIC SERVICES	55	66	1,353.53	20.51	.004	24.61	.08
@CHIROPRACTOR	90	144	\$ 2,344.82	\$ 16.28	.009	\$ 26.05	\$.14
VISITS	83	132	2,202.86	16.69	.008	26.54	.13

OTHER SERVICES	7	12		141.96		11.83	.001	20.28		.01
@PODIATRIST	142	197	\$	3,595.70	\$	18.25	.012	\$ 25.32	\$	.21
MEDICINE/INJECTIONS	58	65		1,603.15		24.66	.004	27.64		.09
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	1	1		13.00		13.00	.000	13.00		.00
OTHER	89	131		1,979.55		15.11	.008	22.24		.12
@HOME HEALTH AGENCY	89	2,536	\$	92,436.42	\$	36.45	.150	\$ 1038.61	\$	5.46
NURSE ANESTHESIST	5	74	\$	209.94	\$	2.84	.004	\$ 41.99	\$	.01
NURSE MIDWIFE	1	2	\$	131.58	\$	65.79	.000	\$ 131.58	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	72	90	\$	2,199.90	\$	24.44	.005	\$ 30.55	\$	.13
@TOTAL HOSPITAL	2,968	16,643	\$	1,854,548.25	\$	111.43	.984	\$ 624.85	\$	109.61
HOSP INPATIENT TOTAL	267	1,584		1,450,151.17		915.50	.094	5431.28		85.71
HSC HOSPITALS	36	382		463,188.28		1212.53	.023	12866.34		27.38
NON-HSC HOSPITAL TOTAL	146	663		920,279.40		1388.05	.039	6303.28		54.39
ACCOMMODATIONS	145	663		258,454.73		389.83	.039	1782.45		15.28
ADMINISTRATIVE DAYS	8	145		46,379.54		319.86	.009	5797.44		2.74
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	140	518		212,075.19		409.41	.031	1514.82		12.53
ANCILLARIES	146	0		661,824.67		.00	.000	4533.05		39.12
INPATIENT CROSSOVERS	94	539		66,683.49		123.72	.032	709.40		3.94
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,813	15,059		404,397.08		26.85	.890	143.76		23.90
MEDICAL	401	589		23,147.81		39.30	.035	57.73		1.37
SURGERY	232	250		8,749.50		35.00	.015	37.71		.52
PATHOLOGY	1,112	4,549		56,572.21		12.44	.269	50.87		3.34
RADIOLOGY	691	1,022		85,488.13		83.65	.060	123.72		5.05
ROOM USE	1,219	1,954		83,055.61		42.51	.115	68.13		4.91
CROSSOVERS/ALL OTH OUTPTNT	1,459	6,695		147,383.82		22.01	.396	101.02		8.71
@COUNTY HOSPITAL TOTAL	11	148	\$	107,978.30	\$	729.58	.009	\$ 9816.21	\$	6.38
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78		1085.56	.006	106384.78		6.29
HSC HOSPITALS	1	53		71,656.00		1352.00	.003	71656.00		4.24

NON-HSC HOSPITALS TOTAL	1	45	34,728.78	771.75	.003	34728.78	2.05
ACCOMMODATIONS	1	45	10,408.50	231.30	.003	10408.50	.62
ADMINISTRATIVE DAYS	1	45	10,408.50	231.30	.003	10408.50	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	24,320.28	.00	.000	24320.28	1.44
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	50	1,593.52	31.87	.003	159.35	.09
MEDICAL	3	4	329.50	82.38	.000	109.83	.02
SURGERY	1	1	11.25	11.25	.000	11.25	.00
PATHOLOGY	3	15	202.41	13.49	.001	67.47	.01
RADIOLOGY	3	5	100.79	20.16	.000	33.60	.01
ROOM USE	6	12	562.26	46.86	.001	93.71	.03
CROSSOVERS/ALL OTH OUTPTNT	7	13	387.31	29.79	.001	55.33	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,523
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NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

16,919 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,961	16,495	\$ 1,746,569.95	\$ 105.88	.975	\$ 589.86	\$ 103.23	
COMM HOSP INPATIENT TOTAL	266	1,486	1,343,766.39	904.28	.088	5051.75	79.42	
HSC HOSPITALS	35	329	391,532.28	1190.07	.019	11186.64	23.14	
NON-HSC HOSPITALS TOTAL	145	618	885,550.62	1432.93	.037	6107.25	52.34	
ACCOMMODATIONS	144	618	248,046.23	401.37	.037	1722.54	14.66	
ADMINISTRATIVE DAYS	7	100	35,971.04	359.71	.006	5138.72	2.13	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	140	518	212,075.19	409.41	.031	1514.82	12.53	
ANCILLARIES	145	0	637,504.39	.00	.000	4396.58	37.68	
INPATIENT CROSSOVERS	94	539	66,683.49	123.72	.032	709.40	3.94	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,807	15,009	402,803.56	26.84	.887	143.50	23.81	
MEDICAL	399	585	22,818.31	39.01	.035	57.19	1.35	
SURGERY	231	249	8,738.25	35.09	.015	37.83	.52	
PATHOLOGY	1,109	4,534	56,369.80	12.43	.268	50.83	3.33	
RADIOLOGY	689	1,017	85,387.34	83.96	.060	123.93	5.05	
ROOM USE	1,214	1,942	82,493.35	42.48	.115	67.95	4.88	
CROSSOVERS/ALL OTH OUTPTNT	1,452	6,682	146,996.51	22.00	.395	101.24	8.69	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	140	3,794	\$ 450,689.63	\$ 118.79	.224	\$ 3219.21	\$ 26.64	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	140	3,794	450,689.63	118.79	.224	3219.21	26.64	
@INTERMEDIATE CARE FACIL.-DD	23	734	\$ 104,609.06	\$ 142.52	.043	\$ 4548.22	\$ 6.18	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	15	590	76,022.55	128.85	.035	5068.17	4.49	
ICF DDN/DDCN	8	144	28,586.51	198.52	.009	3573.31	1.69	
@HEMODIALYSIS TOTAL	115	2,738	\$ 123,490.08	\$ 45.10	.162	\$ 1073.83	\$ 7.30	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	115	2,738	123,490.08	45.10	.162	1073.83	7.30	

@REHABILITATION FACILITY	39	551	\$	7,452.03	\$	13.52	.033	\$	191.08	\$	.44
HOSPITAL BASED	4	7		488.96		69.85	.000		122.24		.03
INDEPENDENT FACILITY	35	544		6,963.07		12.80	.032		198.94		.41
@LABORATORY FACILITY	371	1,682	\$	21,977.37	\$	13.07	.099	\$	59.24	\$	1.30
PATHOLOGY	366	1,620		21,948.25		13.55	.096		59.97		1.30
XO AND OTHERS	5	62		29.12		.47	.004		5.82		.00
@ORGANIZED OUTPATIENT CLINIC	1,093	1,941	\$	203,424.56	\$	104.80	.115	\$	186.12	\$	12.02
CLINIC	53	108		2,546.71		23.58	.006		48.05		.15
SURGICENTER	7	19		1,161.92		61.15	.001		165.99		.07
HEROIN DETOX CLINIC	2	7		102.20		14.60	.000		51.10		.01
RURAL HEALTH CLINIC	1,039	1,807		199,613.73		110.47	.107		192.12		11.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,524
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED										AID CODE 60

						----- MONTHLY AVERAGE -----					
16,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	1,983	172,791	\$	676,933.90	\$	3.92	10.213	\$	341.37	\$	40.01
DURABLE MED. EQUIP.	301	1,032		144,710.81		140.22	.061		480.77		8.55
BLOOD BANK	0	0		38.00		.00	.000		.00		.00
HEARING AID DISPENSERS	28	38		7,904.45		208.01	.002		282.30		.47
MEDICAL TRANSPORTATION	216	3,354		44,386.13		13.23	.198		205.49		2.62
AMBULANCES/AIR TRANS	170	2,008		37,311.47		18.58	.119		219.48		2.21
OTHER TRANS	10	229		516.33		2.25	.014		51.63		.03
OTHER SERVICES	41	1,117		6,558.33		5.87	.066		159.96		.39
ACUPUNCTURE	2	5		81.10		16.22	.000		40.55		.00
ADULT DAY HEALTH CARE CTR	98	1,234		81,015.51		65.65	.073		826.69		4.79
GENETIC DISEASE TESTING	3	3		188.00		62.67	.000		62.67		.01
IHMC,MODEL-NF,NF,AIDS,MSSP	15	3,241		94,669.24		29.21	.192		6311.28		5.60
OCCUPATIONAL THERAPIST	3	33		152.56		4.62	.002		50.85		.01
OPTICIAN	322	733		7,947.78		10.84	.043		24.68		.47
PHYSICAL THERAPIST	7	21		427.26		20.35	.001		61.04		.03
PORTABLE X-RAY	1	2		60.26		30.13	.000		60.26		.00
PROSTHETIST/ORTHOTISTS	78	257		28,531.88		111.02	.015		365.79		1.69
PROSTHETICS	68	245		28,115.50		114.76	.014		413.46		1.66
ORTHOTICS	10	12		416.38		34.70	.001		41.64		.02
PSYCHOLOGIST	5	9		206.49		22.94	.001		41.30		.01
SPEECH AND AUDIOLOGY	75	242		19,482.84		80.51	.014		259.77		1.15
HOSPICE SERVICES	11	335		39,798.41		118.80	.020		3618.04		2.35
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	354	24,650		106,658.53		4.33	1.457		301.30		6.30
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	628	137,602		100,674.65		.73	8.133		160.31		5.95
@CALIF. CHILDREN SERVICES*	254	4,220	\$	198,891.62	\$	47.13	.249	\$	783.04	\$	11.76
@XOVER EXCLUDING STATE HOSP**	1,821	18,055	\$	285,885.82	\$	15.83	1.067	\$	156.99	\$	16.90

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,525
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

						----- MONTHLY AVERAGE -----			
14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		

@TOTAL, ALL PROVIDERS	7,167	38,092	\$	1,766,214.44	\$	46.37	2.712	\$	246.44	\$	125.75
@PHYSICIANS SERVICES	3,395	7,829	\$	278,370.01	\$	35.56	.557	\$	81.99	\$	19.82
OUTPATIENT VISITS	2,895	4,156		135,230.22		32.54	.296		46.71		9.63
OFFICE VISITS	2,124	2,794		83,766.77		29.98	.199		39.44		5.96
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	955	1,222		46,250.32		37.85	.087		48.43		3.29
PREVENTIVE CARE	8	9		404.77		44.97	.001		50.60		.03
OB VISITS/COMPRE PERI	17	53		2,461.91		46.45	.004		144.82		.18
OTHER OUTPATIENT	63	78		2,346.45		30.08	.006		37.25		.17
INPATIENT VISITS	98	315		22,876.22		72.62	.022		233.43		1.63
HOSPITAL VISITS	93	236		11,636.38		49.31	.017		125.12		.83
CRITICAL CARE	14	79		11,239.84		142.28	.006		802.85		.80
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	40	41		2,009.06		49.00	.003		50.23		.14
EXAMINATIONS	40	41		2,009.06		49.00	.003		50.23		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	78	375		43,108.20		114.96	.027		552.67		3.07
PRINCIPAL SURGEON	51	71		36,185.12		509.65	.005		709.51		2.58
ASSISTANT SURGEON	2	2		348.64		174.32	.000		174.32		.02
ANESTHESIOLOGIST	37	302		6,574.44		21.77	.022		177.69		.47
OUTPATIENT SURGERY	250	511		27,916.59		54.63	.036		111.67		1.99
PRINCIPAL SURGEON	227	295		23,151.31		78.48	.021		101.99		1.65
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	34	216		4,765.28		22.06	.015		140.16		.34
DIALYSIS	1	1		42.45		42.45	.000		42.45		.00
PATHOLOGY	393	517		6,319.50		12.22	.037		16.08		.45
RADIOLOGY	612	957		25,778.21		26.94	.068		42.12		1.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	84	120		2,651.45		22.10	.009		31.56		.19
OTHER SERVICES/ALL X-OVERS	286	836		12,438.11		14.88	.060		43.49		.89
@PHARMACY	3,403	10,597	\$	434,848.73	\$	41.04	.754	\$	127.78	\$	30.96
PRESCRIPTION DRUGS	3,367	7,483		419,404.89		56.05	.533		124.56		29.86
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3,367	7,483		419,404.89		56.05	.533		124.56		29.86
MEDICAL SUPPLIES	84	3,114		15,443.84		4.96	.222		183.86		1.10
@DENTIST	835	3,495	\$	113,942.05	\$	32.60	.249	\$	136.46	\$	8.11
VISITS - DIAGNOSTIC	617	2,232		38,845.60		17.40	.159		62.96		2.77
ORAL SURGERY	94	290		14,786.25		50.99	.021		157.30		1.05
DRUGS	70	77		1,630.00		21.17	.005		23.29		.12
ANESTHESIA	10	11		1,100.00		100.00	.001		110.00		.08
PERIODONTICS	3	3		310.00		103.33	.000		103.33		.02
ENDODONTICS	50	81		9,336.00		115.26	.006		186.72		.66
RESTORATIVE DENTISTRY	301	744		41,350.20		55.58	.053		137.38		2.94
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	12	27		4,714.00		174.59	.002		392.83		.34
SPACE MAINTAINERS	9	10		1,200.00		120.00	.001		133.33		.09
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	11	11		465.00		42.27	.001		42.27		.03
ALL OTHER SERVICES	7	7		145.00		20.71	.000		20.71		.01

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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----- MONTHLY AVERAGE -----

14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	170	482	\$	11,399.68	\$	23.65	.034	\$	67.06	\$.81
DIAGNOSTIC AND ANC. PROCED	127	127		6,006.80		47.30	.009		47.30		.43
EYE APPLIANCES	129	353		5,324.27		15.08	.025		41.27		.38
OTHER OPTOMETRIC SERVICES	2	2		68.61		34.31	.000		34.31		.00
@CHIROPRACTOR	49	76	\$	1,270.72	\$	16.72	.005	\$	25.93	\$	.09
VISITS	49	76		1,270.72		16.72	.005		25.93		.09
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	13	\$	374.77	\$	28.83	.001	\$	37.48	\$	.03
MEDICINE/INJECTIONS	9	9		314.77		34.97	.001		34.97		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		60.00		15.00	.000		15.00		.00
@HOME HEALTH AGENCY	10	138	\$	5,752.76	\$	41.69	.010	\$	575.28	\$	.41
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	13	\$	2,506.12	\$	192.78	.001	\$	835.37	\$	.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	84	99	\$	2,477.97	\$	25.03	.007	\$	29.50	\$	.18
@TOTAL HOSPITAL	1,758	7,326	\$	670,743.06	\$	91.56	.522	\$	381.54	\$	47.75
HOSP INPATIENT TOTAL	105	406		480,402.22		1183.26	.029		4575.26		34.20
HSC HOSPITALS	29	167		215,681.01		1291.50	.012		7437.28		15.36
NON-HSC HOSPITAL TOTAL	76	235		263,909.21		1123.02	.017		3472.49		18.79
ACCOMMODATIONS	76	235		77,129.20		328.21	.017		1014.86		5.49
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	76	235		77,129.20		328.21	.017		1014.86		5.49
ANCILLARIES	76	0		186,780.01		.00	.000		2457.63		13.30
INPATIENT CROSSOVERS	1	4		812.00		203.00	.000		812.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,710	6,920		190,340.84		27.51	.493		111.31		13.55
MEDICAL	156	183		5,203.74		28.44	.013		33.36		.37
SURGERY	216	235		5,730.46		24.38	.017		26.53		.41
PATHOLOGY	581	2,128		25,393.40		11.93	.152		43.71		1.81
RADIOLOGY	494	686		43,715.08		63.72	.049		88.49		3.11
ROOM USE	1,253	1,766		70,490.27		39.92	.126		56.26		5.02
CROSSOVERS/ALL OTH OUTPTNT	706	1,922		39,807.89		20.71	.137		56.39		2.83
@COUNTY HOSPITAL TOTAL	1	1	\$	94.31	\$	94.31	.000	\$	94.31	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		94.31		94.31	.000		94.31		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		8.08		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		86.23		86.23	.000		86.23		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
NEVADA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,757	7,325	\$ 670,648.75	\$ 91.56	.522	\$ 381.70	\$ 47.75
COMM HOSP INPATIENT TOTAL	105	406	480,402.22	1183.26	.029	4575.26	34.20
HSC HOSPITALS	29	167	215,681.01	1291.50	.012	7437.28	15.36
NON-HSC HOSPITALS TOTAL	76	235	263,909.21	1123.02	.017	3472.49	18.79
ACCOMMODATIONS	76	235	77,129.20	328.21	.017	1014.86	5.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	235	77,129.20	328.21	.017	1014.86	5.49
ANCILLARIES	76	0	186,780.01	.00	.000	2457.63	13.30
INPATIENT CROSSOVERS	1	4	812.00	203.00	.000	812.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,709	6,919	190,246.53	27.50	.493	111.32	13.54
MEDICAL	156	183	5,203.74	28.44	.013	33.36	.37
SURGERY	216	235	5,730.46	24.38	.017	26.53	.41
PATHOLOGY	581	2,128	25,393.40	11.93	.152	43.71	1.81
RADIOLOGY	494	686	43,715.08	63.72	.049	88.49	3.11
ROOM USE	1,253	1,766	70,482.19	39.91	.126	56.25	5.02
CROSSOVERS/ALL OTH OUTPTNT	705	1,921	39,721.66	20.68	.137	56.34	2.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	51	\$ 392.55	\$ 7.70	.004	\$ 392.55	\$.03
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	51	392.55	7.70	.004	392.55	.03
@REHABILITATION FACILITY	3	43	\$ 595.91	\$ 13.86	.003	\$ 198.64	\$.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	3	43	595.91	13.86	.003	198.64	.04
@LABORATORY FACILITY	247	620	\$ 11,076.08	\$ 17.86	.044	\$ 44.84	\$.79
PATHOLOGY	247	620	11,076.08	17.86	.044	44.84	.79
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	735	1,376	\$ 157,708.45	\$ 114.61	.098	\$ 214.57	\$ 11.23
CLINIC	157	480	11,988.85	24.98	.034	76.36	.85
SURGICENTER	2	7	257.21	36.74	.000	128.61	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	586	889	145,462.39	163.62	.063	248.23	10.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	914	5,934	\$ 74,755.58	\$ 12.60	.422	\$ 81.79	\$ 5.32	
DURABLE MED. EQUIP.	27	35	1,704.15	48.69	.002	63.12	.12	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	54	733	21,573.35	29.43	.052	399.51	1.54	
AMBULANCES/AIR TRANS	54	728	12,573.35	17.27	.052	232.84	.90	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	5	5	9,000.00	1800.00	.000	1800.00	.64	
ACUPUNCTURE	3	4	86.50	21.63	.000	28.83	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	23	23	1,525.00	66.30	.002	66.30	.11	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	154	333	2,909.69	8.74	.024	18.89	.21	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	17	51	3,616.56	70.91	.004	212.74	.26	
PROSTHETICS	13	46	3,459.60	75.21	.003	266.12	.25	
ORTHOTICS	4	5	156.96	31.39	.000	39.24	.01	
PSYCHOLOGIST	1	6	455.76	75.96	.000	455.76	.03	
SPEECH AND AUDIOLOGY	15	59	5,714.34	96.85	.004	380.96	.41	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	630	4,637	36,010.34	7.77	.330	57.16	2.56	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	5	53	1,159.89	21.88	.004	231.98	.08	
@CALIF. CHILDREN SERVICES*	75	876	\$ 169,085.71	\$ 193.02	.062	\$ 2254.48	\$ 12.04	
@XOVER EXCLUDING STATE HOSP**	5	7	939.29	134.18	.000	\$ 187.86	\$.07	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	34,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		21,986	402,973	\$ 12,003,593.66	\$ 29.79	11.761	\$ 545.97	\$ 350.34
@PHYSICIANS SERVICES		8,074	24,387	\$ 802,065.81	\$ 32.89	.712	\$ 99.34	\$ 23.41
OUTPATIENT VISITS		5,572	8,532	291,168.31	34.13	.249	52.26	8.50
OFFICE VISITS		4,130	5,738	173,026.67	30.15	.167	41.90	5.05
HOME VISITS		5	6	337.49	56.25	.000	67.50	.01
EMERGENCY ROOM		1,801	2,453	106,559.47	43.44	.072	59.17	3.11
PREVENTIVE CARE		8	9	404.77	44.97	.000	50.60	.01
OB VISITS/COMPRE PERI		18	55	2,648.22	48.15	.002	147.12	.08
OTHER OUTPATIENT		241	271	8,191.69	30.23	.008	33.99	.24
INPATIENT VISITS		323	1,224	64,495.04	52.69	.036	199.68	1.88
HOSPITAL VISITS		269	1,053	48,511.32	46.07	.031	180.34	1.42
CRITICAL CARE		26	106	14,020.92	132.27	.003	539.27	.41
SNF/ICF/TRANS IP CARE		49	65	1,962.80	30.20	.002	40.06	.06
OPHTHALMOLOGICAL SERVICES		128	139	6,283.16	45.20	.004	49.09	.18
EXAMINATIONS		128	139	6,283.16	45.20	.004	49.09	.18
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		174	1,007	110,141.17	109.38	.029	633.00	3.21
PRINCIPAL SURGEON		125	183	87,836.51	479.98	.005	702.69	2.56
ASSISTANT SURGEON		13	13	3,834.83	294.99	.000	294.99	.11
ANESTHESIOLOGIST		71	811	18,469.83	22.77	.024	260.14	.54
OUTPATIENT SURGERY		583	1,293	87,667.36	67.80	.038	150.37	2.56
PRINCIPAL SURGEON		512	652	71,824.63	110.16	.019	140.28	2.10
ASSISTANT SURGEON		4	4	598.66	149.67	.000	149.67	.02
ANESTHESIOLOGIST		101	637	15,244.07	23.93	.019	150.93	.44
DIALYSIS		29	112	8,092.22	72.25	.003	279.04	.24
PATHOLOGY		726	1,108	17,834.71	16.10	.032	24.57	.52
RADIOLOGY		1,516	2,571	76,790.53	29.87	.075	50.65	2.24
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		223	437	6,316.37	14.45	.013	28.32	.18
OTHER SERVICES/ALL X-OVERS		2,313	7,964	133,276.94	16.73	.232	57.62	3.89
@PHARMACY		15,624	125,704	\$ 5,834,927.86	\$ 46.42	3.669	\$ 373.46	\$ 170.30
PRESCRIPTION DRUGS		15,495	59,566	5,706,503.49	95.80	1.738	368.28	166.55
SNF/ICF		349	2,237	186,390.98	83.32	.065	534.07	5.44
OUTPATIENTS		15,221	57,329	5,520,112.51	96.29	1.673	362.66	161.11
MEDICAL SUPPLIES		782	66,138	128,424.37	1.94	1.930	164.23	3.75
@DENTIST		1,840	7,165	\$ 277,039.71	\$ 38.67	.209	\$ 150.57	\$ 8.09
VISITS - DIAGNOSTIC		1,300	4,376	73,766.69	16.86	.128	56.74	2.15
ORAL SURGERY		230	766	35,598.62	46.47	.022	154.78	1.04
DRUGS		84	91	1,880.00	20.66	.003	22.38	.05
ANESTHESIA		18	19	1,900.00	100.00	.001	105.56	.06
PERIODONTICS		30	43	7,295.00	169.65	.001	243.17	.21
ENDODONTICS		90	139	22,601.00	162.60	.004	251.12	.66
RESTORATIVE DENTISTRY		604	1,455	94,114.70	64.68	.042	155.82	2.75
PROSTHETICS		13	12	289.00	24.08	.000	22.23	.01
DENTURES, STAYPLATES		110	225	36,883.51	163.93	.007	335.30	1.08
SPACE MAINTAINERS		13	14	1,800.00	128.57	.000	138.46	.05
MAXILLOFACIAL SERVICES		2	2	266.19	133.10	.000	133.10	.01
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES		12	12	500.00	41.67	.000	41.67	.01
ALL OTHER SERVICES		11	11	145.00	13.18	.000	13.18	.00

						----- MONTHLY AVERAGE -----			
34,263 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	544	1,529	\$	32,912.28	\$ 21.53	.045	\$ 60.50	\$.96	
DIAGNOSTIC AND ANC. PROCED	264	268		12,357.01	46.11	.008	46.81	.36	
EYE APPLIANCES	411	1,167		18,435.05	15.80	.034	44.85	.54	
OTHER OPTOMETRIC SERVICES	75	94		2,120.22	22.56	.003	28.27	.06	
@CHIROPRACTOR	147	236	\$	3,826.30	\$ 16.21	.007	\$ 26.03	\$.11	
VISITS	132	208		3,473.58	16.70	.006	26.32	.10	
OTHER SERVICES	15	28		352.72	12.60	.001	23.51	.01	
@PODIATRIST	214	298	\$	4,715.71	\$ 15.82	.009	\$ 22.04	\$.14	
MEDICINE/INJECTIONS	68	75		1,968.92	26.25	.002	28.95	.06	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	1	1		13.00	13.00	.000	13.00	.00	
OTHER	154	222		2,733.79	12.31	.006	17.75	.08	
@HOME HEALTH AGENCY	101	3,398	\$	119,610.18	\$ 35.20	.099	\$ 1184.26	\$ 3.49	
NURSE ANESTHESIST	8	99	\$	276.52	\$ 2.79	.003	\$ 34.57	\$.01	
NURSE MIDWIFE	4	15	\$	2,637.70	\$ 175.85	.000	\$ 659.43	\$.08	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	157	190	\$	4,695.97	\$ 24.72	.006	\$ 29.91	\$.14	
@TOTAL HOSPITAL	5,143	26,075	\$	2,682,349.41	\$ 102.87	.761	\$ 521.55	\$ 78.29	
HOSP INPATIENT TOTAL	431	2,313		2,046,235.79	884.67	.068	4747.65	59.72	
HSC HOSPITALS	66	557		688,484.29	1236.06	.016	10431.58	20.09	
NON-HSC HOSPITAL TOTAL	230	969		1,255,903.05	1296.08	.028	5460.45	36.65	
ACCOMMODATIONS	229	969		364,617.23	376.28	.028	1592.21	10.64	
ADMINISTRATIVE DAYS	9	148		47,045.40	317.87	.004	5227.27	1.37	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	224	821		317,571.83	386.81	.024	1417.73	9.27	
ANCILLARIES	230	0		891,285.82	.00	.000	3875.16	26.01	
INPATIENT CROSSOVERS	145	787		101,848.45	129.41	.023	702.40	2.97	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4,891	23,762		636,113.62	26.77	.694	130.06	18.57	
MEDICAL	567	784		28,946.74	36.92	.023	51.05	.84	
SURGERY	455	492		14,604.91	29.68	.014	32.10	.43	
PATHOLOGY	1,727	6,819		83,900.85	12.30	.199	48.58	2.45	
RADIOLOGY	1,207	1,740		130,450.65	74.97	.051	108.08	3.81	
ROOM USE	2,513	3,772		155,577.94	41.25	.110	61.91	4.54	
CROSSOVERS/ALL OTH OUTPTNT	2,483	10,155		222,632.53	21.92	.296	89.66	6.50	
@COUNTY HOSPITAL TOTAL	12	149	\$	108,072.61	\$ 725.32	.004	\$ 9006.05	\$ 3.15	
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78	1085.56	.003	106384.78	3.10	
HSC HOSPITALS	1	53		71,656.00	1352.00	.002	71656.00	2.09	
NON-HSC HOSPITALS TOTAL	1	45		34,728.78	771.75	.001	34728.78	1.01	
ACCOMMODATIONS	1	45		10,408.50	231.30	.001	10408.50	.30	
ADMINISTRATIVE DAYS	1	45		10,408.50	231.30	.001	10408.50	.30	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	1	0		24,320.28	.00	.000	24320.28	.71	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	11	51		1,687.83	33.09	.001	153.44	.05	
MEDICAL	3	4		329.50	82.38	.000	109.83	.01	
SURGERY	1	1		11.25	11.25	.000	11.25	.00	
PATHOLOGY	3	15		202.41	13.49	.000	67.47	.01	

RADIOLOGY	3	5	100.79	20.16	.000	33.60	.00
ROOM USE	6	12	570.34	47.53	.000	95.06	.02
CROSSOVERS/ALL OTH OUTPTNT	8	14	473.54	33.82	.000	59.19	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,531
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
34,263 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,135	25,926	\$ 2,574,276.80	\$ 99.29	.757	\$ 501.32	\$ 75.13
COMM HOSP INPATIENT TOTAL	430	2,215	1,939,851.01	875.78	.065	4511.28	56.62
HSC HOSPITALS	65	504	616,828.29	1223.87	.015	9489.67	18.00
NON-HSC HOSPITALS TOTAL	229	924	1,221,174.27	1321.62	.027	5332.64	35.64
ACCOMMODATIONS	228	924	354,208.73	383.34	.027	1553.55	10.34
ADMINISTRATIVE DAYS	8	103	36,636.90	355.70	.003	4579.61	1.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	224	821	317,571.83	386.81	.024	1417.73	9.27
ANCILLARIES	229	0	866,965.54	.00	.000	3785.88	25.30
INPATIENT CROSSOVERS	145	787	101,848.45	129.41	.023	702.40	2.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,884	23,711	634,425.79	26.76	.692	129.90	18.52
MEDICAL	565	780	28,617.24	36.69	.023	50.65	.84
SURGERY	454	491	14,593.66	29.72	.014	32.14	.43
PATHOLOGY	1,724	6,804	83,698.44	12.30	.199	48.55	2.44
RADIOLOGY	1,205	1,735	130,349.86	75.13	.051	108.17	3.80
ROOM USE	2,508	3,760	155,007.60	41.23	.110	61.81	4.52
CROSSOVERS/ALL OTH OUTPTNT	2,475	10,141	222,158.99	21.91	.296	89.76	6.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	217	5,316	\$ 694,871.53	\$ 130.71	.155	\$ 3202.17	\$ 20.28
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	217	5,316	694,871.53	130.71	.155	3202.17	20.28
@INTERMEDIATE CARE FACIL.-DD	23	734	\$ 104,609.06	\$ 142.52	.021	\$ 4548.22	\$ 3.05
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	15	590	76,022.55	128.85	.017	5068.17	2.22
ICF DDN/DDCN	8	144	28,586.51	198.52	.004	3573.31	.83
@HEMODIALYSIS TOTAL	145	3,116	\$ 146,987.70	\$ 47.17	.091	\$ 1013.71	\$ 4.29
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	145	3,116	146,987.70	47.17	.091	1013.71	4.29
@REHABILITATION FACILITY	55	699	\$ 9,666.43	\$ 13.83	.020	\$ 175.75	\$.28
HOSPITAL BASED	5	8	523.52	65.44	.000	104.70	.02
INDEPENDENT FACILITY	50	691	9,142.91	13.23	.020	182.86	.27
@LABORATORY FACILITY	625	2,351	\$ 33,947.70	\$ 14.44	.069	\$ 54.32	\$.99
PATHOLOGY	619	2,288	33,895.43	14.81	.067	54.76	.99
XO AND OTHERS	6	63	52.27	.83	.002	8.71	.00
@ORGANIZED OUTPATIENT CLINIC	1,901	3,454	\$ 376,126.78	\$ 108.90	.101	\$ 197.86	\$ 10.98
CLINIC	210	588	14,535.56	24.72	.017	69.22	.42
SURGICENTER	16	35	3,221.35	92.04	.001	201.33	.09
HEROIN DETOX CLINIC	2	7	102.20	14.60	.000	51.10	.00
RURAL HEALTH CLINIC	1,691	2,824	358,267.67	126.87	.082	211.87	10.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,532

MOP024
NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT

01/17/03

34,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,413	198,207	\$ 872,327.01	\$ 4.40	5.785	\$ 255.59	\$ 25.46
DURABLE MED. EQUIP.	343	1,144	152,399.19	133.22	.033	444.31	4.45
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	56	76	13,003.29	171.10	.002	232.20	.38
MEDICAL TRANSPORTATION	285	4,425	69,819.57	15.78	.129	244.98	2.04
AMBULANCES/AIR TRANS	229	2,816	51,410.74	18.26	.082	224.50	1.50
OTHER TRANS	12	279	608.69	2.18	.008	50.72	.02
OTHER SERVICES	55	1,330	17,800.14	13.38	.039	323.64	.52
ACUPUNCTURE	7	27	394.70	14.62	.001	56.39	.01
ADULT DAY HEALTH CARE CTR	161	1,935	127,825.05	66.06	.056	793.94	3.73
GENETIC DISEASE TESTING	26	26	1,713.00	65.88	.001	65.88	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	15	3,241	94,669.24	29.21	.095	6311.28	2.76
OCCUPATIONAL THERAPIST	3	33	152.56	4.62	.001	50.85	.00
OPTICIAN	530	1,183	12,241.05	10.35	.035	23.10	.36
PHYSICAL THERAPIST	7	21	427.26	20.35	.001	61.04	.01
PORTABLE X-RAY	2	3	60.91	20.30	.000	30.46	.00
PROSTHETIST/ORTHOTISTS	105	334	33,563.21	100.49	.010	319.65	.98
PROSTHETICS	91	317	32,989.87	104.07	.009	362.53	.96
ORTHOTICS	14	17	573.34	33.73	.000	40.95	.02
PSYCHOLOGIST	6	15	662.25	44.15	.000	110.38	.02
SPEECH AND AUDIOLOGY	93	304	25,259.38	83.09	.009	271.61	.74
HOSPICE SERVICES	13	344	40,777.05	118.54	.010	3136.70	1.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,026	36,340	175,237.97	4.82	1.061	170.80	5.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	958	148,756		124,083.33		.83	4.342	129.52	3.62
@CALIF. CHILDREN SERVICES*	361	5,721	\$	385,403.67	\$	67.37	.167	\$ 1067.60	\$ 11.25
@XOVER EXCLUDING STATE HOSP**	2,812	24,649	\$	465,543.90	\$	18.89	.719	\$ 165.56	\$ 13.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,533
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

1,475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	573	2,085	\$ 175,109.28	\$ 83.99	1.414	\$ 305.60	\$ 118.72
@PHYSICIANS SERVICES	368	796	\$ 38,503.53	\$ 48.37	.540	\$ 104.63	\$ 26.10
OUTPATIENT VISITS	322	484	14,779.76	30.54	.328	45.90	10.02
OFFICE VISITS	244	354	10,172.65	28.74	.240	41.69	6.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	97	127	4,542.03	35.76	.086	46.83	3.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	65.08	21.69	.002	21.69	.04
INPATIENT VISITS	20	71	5,718.18	80.54	.048	285.91	3.88
HOSPITAL VISITS	18	41	1,879.18	45.83	.028	104.40	1.27
CRITICAL CARE	3	30	3,839.00	127.97	.020	1279.67	2.60
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	81.62	40.81	.001	40.81	.06
EXAMINATIONS	2	2	81.62	40.81	.001	40.81	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	68	8,452.23	124.30	.046	1408.71	5.73
PRINCIPAL SURGEON	4	8	6,355.09	794.39	.005	1588.77	4.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	60	2,097.14	34.95	.041	419.43	1.42
OUTPATIENT SURGERY	15	36	2,772.96	77.03	.024	184.86	1.88
PRINCIPAL SURGEON	13	19	2,158.27	113.59	.013	166.02	1.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	17	614.69	36.16	.012	204.90	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	16	208.67	13.04	.011	17.39	.14
RADIOLOGY	37	50	3,829.95	76.60	.034	103.51	2.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	35.90	11.97	.002	11.97	.02
OTHER SERVICES/ALL X-OVERS	42	66	2,624.26	39.76	.045	62.48	1.78
@PHARMACY	237	516	\$ 21,352.14	\$ 41.38	.350	\$ 90.09	\$ 14.48
PRESCRIPTION DRUGS	231	368	20,936.57	56.89	.249	90.63	14.19
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	231	368	20,936.57	56.89	.249	90.63	14.19
MEDICAL SUPPLIES	12	148	415.57	2.81	.100	34.63	.28
@DENTIST	1	1	\$ 25.00	\$ 25.00	.001	\$ 25.00	\$.02
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.001	25.00	.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 8,534	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS					AID CODES 47 69	
					----- MONTHLY AVERAGE -----		
1,475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	13	\$ 652.22	\$ 50.17	.009	\$ 81.53	\$.44
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	4	\$ 109.00	\$ 27.25	.003	\$ 54.50	\$.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 26.18	\$ 26.18	.001	\$ 26.18	\$.02
@TOTAL HOSPITAL	177	620	\$ 107,243.96	\$ 172.97	.420	\$ 605.90	\$ 72.71
HOSP INPATIENT TOTAL	11	84	91,654.83	1091.13	.057	8332.26	62.14
HSC HOSPITALS	3	38	51,173.00	1346.66	.026	17057.67	34.69
NON-HSC HOSPITAL TOTAL	8	46	40,481.83	880.04	.031	5060.23	27.45
ACCOMMODATIONS	8	46	31,052.60	675.06	.031	3881.58	21.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	46	31,052.60	675.06	.031	3881.58	21.05
ANCILLARIES	8	0	9,429.23	.00	.000	1178.65	6.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	167	536	15,589.13	29.08	.363	93.35	10.57
MEDICAL	52	73	2,228.18	30.52	.049	42.85	1.51
SURGERY	5	6	207.88	34.65	.004	41.58	.14
PATHOLOGY	39	113	1,130.00	10.00	.077	28.97	.77
RADIOLOGY	32	37	3,555.88	96.10	.025	111.12	2.41
ROOM USE	143	199	6,692.94	33.63	.135	46.80	4.54
CROSSOVERS/ALL OTH OUTPTNT	70	108	1,774.25	16.43	.073	25.35	1.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,535
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
1,475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	177	620	\$ 107,243.96	\$ 172.97	.420	\$ 605.90	\$ 72.71
COMM HOSP INPATIENT TOTAL	11	84	91,654.83	1091.13	.057	8332.26	62.14
HSC HOSPITALS	3	38	51,173.00	1346.66	.026	17057.67	34.69
NON-HSC HOSPITALS TOTAL	8	46	40,481.83	880.04	.031	5060.23	27.45
ACCOMMODATIONS	8	46	31,052.60	675.06	.031	3881.58	21.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	46	31,052.60	675.06	.031	3881.58	21.05
ANCILLARIES	8	0	9,429.23	.00	.000	1178.65	6.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	167	536	15,589.13	29.08	.363	93.35	10.57
MEDICAL	52	73	2,228.18	30.52	.049	42.85	1.51
SURGERY	5	6	207.88	34.65	.004	41.58	.14
PATHOLOGY	39	113	1,130.00	10.00	.077	28.97	.77
RADIOLOGY	32	37	3,555.88	96.10	.025	111.12	2.41
ROOM USE	143	199	6,692.94	33.63	.135	46.80	4.54
CROSSOVERS/ALL OTH OUTPTNT	70	108	1,774.25	16.43	.073	25.35	1.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 88.36	\$ 88.36	.001	\$ 88.36	\$.06
HOSPITAL BASED	1	1	88.36	88.36	.001	88.36	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 23.00	\$ 11.50	.001	\$ 23.00	\$.02
PATHOLOGY	1	2	23.00	11.50	.001	23.00	.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	21	30	\$	3,236.51	\$	107.88	.020	\$	154.12	\$	2.19
CLINIC	3	4		70.96		17.74	.003		23.65		.05
SURGICENTER	1	6		240.21		40.04	.004		240.21		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	20		2,925.34		146.27	.014		172.08		1.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,536
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

1,475 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	101	\$ 3,849.38	\$ 38.11	.068	\$ 384.94	\$ 2.61
DURABLE MED. EQUIP.	5	8	228.33	28.54	.005	45.67	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	88	3,457.50	39.29	.060	1728.75	2.34
AMBULANCES/AIR TRANS	2	88	3,457.50	39.29	.060	1728.75	2.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	57.20	28.60	.001	57.20	.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.99	50.00	.001	99.99	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	6.36	6.36	.001	6.36	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	32	439	\$ 53,603.61	\$ 122.10	.298	\$ 1675.11	\$ 36.34
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,537
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

1,820 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,035	6,747	\$ 720,047.58	\$ 106.72	3.707	\$ 695.70	\$ 395.63
@PHYSICIANS SERVICES	498	1,580	\$ 137,911.34	\$ 87.29	.868	\$ 276.93	\$ 75.78
OUTPATIENT VISITS	228	339	17,262.97	50.92	.186	75.71	9.49
OFFICE VISITS	131	171	5,600.70	32.75	.094	42.75	3.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	47	2,588.75	55.08	.026	61.64	1.42

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	71	121	9,073.52	74.99	.066	127.80	4.99
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	111	260	14,570.18	56.04	.143	131.26	8.01
HOSPITAL VISITS	106	227	9,888.89	43.56	.125	93.29	5.43
CRITICAL CARE	10	33	4,681.29	141.86	.018	468.13	2.57
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	113	411	82,097.05	199.75	.226	726.52	45.11
PRINCIPAL SURGEON	84	89	72,233.87	811.62	.049	859.93	39.69
ASSISTANT SURGEON	14	14	2,611.00	186.50	.008	186.50	1.43
ANESTHESIOLOGIST	36	308	7,252.18	23.55	.169	201.45	3.98
OUTPATIENT SURGERY	59	93	8,240.70	88.61	.051	139.67	4.53
PRINCIPAL SURGEON	57	68	7,432.70	109.30	.037	130.40	4.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	25	808.00	32.32	.014	62.15	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	112	196	4,456.37	22.74	.108	39.79	2.45
RADIOLOGY	144	169	6,174.14	36.53	.093	42.88	3.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	30	57	1,869.69	32.80	.031	62.32	1.03
OTHER SERVICES/ALL X-OVERS	35	55	3,240.24	58.91	.030	92.58	1.78
@PHARMACY	292	472	\$ 15,343.18	\$ 32.51	.259	\$ 52.55	\$ 8.43
PRESCRIPTION DRUGS	292	472	15,343.18	32.51	.259	52.55	8.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	292	472	15,343.18	32.51	.259	52.55	8.43
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	8	\$ 66.00	\$ 8.25	.004	\$ 16.50	\$.04
VISITS - DIAGNOSTIC	3	6	66.00	11.00	.003	22.00	.04
ORAL SURGERY	1	1	.00	.00	.001	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,538
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	1,820 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	12	22	\$	1,052.19	\$ 47.83	.012	\$ 87.68	\$.58
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	7	30	\$	3,407.81	\$ 113.59	.016	\$ 486.83	\$ 1.87
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	532	3,899	\$	533,859.39	\$ 136.92	2.142	\$ 1003.50	\$ 293.33
HOSP INPATIENT TOTAL	108	435		460,761.31	1059.22	.239	4266.31	253.17
HSC HOSPITALS	11	87		108,951.03	1252.31	.048	9904.64	59.86
NON-HSC HOSPITAL TOTAL	98	348		351,810.28	1010.95	.191	3589.90	193.30
ACCOMMODATIONS	98	348		105,253.41	302.45	.191	1074.01	57.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	348		105,253.41	302.45	.191	1074.01	57.83
ANCILLARIES	98	0		246,556.87	.00	.000	2515.89	135.47
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	482	3,464		73,098.08	21.10	1.903	151.66	40.16
MEDICAL	10	10		446.78	44.68	.005	44.68	.25
SURGERY	40	66		2,354.67	35.68	.036	58.87	1.29
PATHOLOGY	293	1,057		14,163.74	13.40	.581	48.34	7.78
RADIOLOGY	84	86		6,623.70	77.02	.047	78.85	3.64
ROOM USE	269	478		14,790.02	30.94	.263	54.98	8.13
CROSSOVERS/ALL OTH OUTPTNT	255	1,767		34,719.17	19.65	.971	136.15	19.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

					----- MONTHLY AVERAGE -----			
1,820 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	532	3,899	\$ 533,859.39	\$ 136.92	2.142	\$ 1003.50	\$ 293.33	
COMM HOSP INPATIENT TOTAL	108	435	460,761.31	1059.22	.239	4266.31	253.17	
HSC HOSPITALS	11	87	108,951.03	1252.31	.048	9904.64	59.86	
NON-HSC HOSPITALS TOTAL	98	348	351,810.28	1010.95	.191	3589.90	193.30	
ACCOMMODATIONS	98	348	105,253.41	302.45	.191	1074.01	57.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	98	348	105,253.41	302.45	.191	1074.01	57.83	
ANCILLARIES	98	0	246,556.87	.00	.000	2515.89	135.47	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	482	3,464	73,098.08	21.10	1.903	151.66	40.16	
MEDICAL	10	10	446.78	44.68	.005	44.68	.25	
SURGERY	40	66	2,354.67	35.68	.036	58.87	1.29	
PATHOLOGY	293	1,057	14,163.74	13.40	.581	48.34	7.78	
RADIOLOGY	84	86	6,623.70	77.02	.047	78.85	3.64	
ROOM USE	269	478	14,790.02	30.94	.263	54.98	8.13	
CROSSOVERS/ALL OTH OUTPTNT	255	1,767	34,719.17	19.65	.971	136.15	19.08	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	147	239	\$	4,488.44	\$	18.78	.131	\$	30.53	\$	2.47
PATHOLOGY	147	239		4,488.44		18.78	.131		30.53		2.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	56	226	\$	15,658.12	\$	69.28	.124	\$	279.61	\$	8.60
CLINIC	39	168		7,351.23		43.76	.092		188.49		4.04
SURGICENTER	3	16		430.62		26.91	.009		143.54		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	42		7,876.27		187.53	.023		562.59		4.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,540
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

						----- MONTHLY AVERAGE -----			
1,820 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	93	271	\$ 8,261.11	\$ 30.48	.149	\$ 88.83	\$ 4.54		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	5	181	1,343.11	7.42	.099	268.62	.74		
AMBULANCES/AIR TRANS	5	181	1,343.11	7.42	.099	268.62	.74		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	89	90	6,918.00	76.87	.049	77.73	3.80		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	5	27	\$ 18,665.13	\$ 691.30	.015	\$ 3733.03	\$ 10.26		
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,541
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	7	15	\$	734.77	\$	48.98	.652	\$	104.97	\$	31.95
@PHYSICIANS SERVICES	4	7	\$	369.92	\$	52.85	.304	\$	92.48	\$	16.08
OUTPATIENT VISITS	4	5		310.95		62.19	.217		77.74		13.52
OFFICE VISITS	4	5		310.95		62.19	.217		77.74		13.52
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		58.97		29.49	.087		58.97		2.56
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,542
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	5	\$	311.72	\$	62.34	.217	\$	311.72	\$	13.55
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	5		311.72		62.34	.217		311.72		13.55
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		2.64		.00	.000		.00		.11

RADIOLOGY	0	0	157.39	.00	.000	.00	6.84
ROOM USE	1	1	51.10	51.10	.043	51.10	2.22
CROSSOVERS/ALL OTH OUTPTNT	1	4	100.59	25.15	.174	100.59	4.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,543
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 311.72	\$ 62.34	.217	\$ 311.72	\$ 13.55
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	311.72	62.34	.217	311.72	13.55
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	2.64	.00	.000	.00	.11
RADIOLOGY	0	0	157.39	.00	.000	.00	6.84
ROOM USE	1	1	51.10	51.10	.043	51.10	2.22
CROSSOVERS/ALL OTH OUTPTNT	1	4	100.59	25.15	.174	100.59	4.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$	53.13	\$	17.71	.130	\$	17.71
PATHOLOGY	3	3		53.13		17.71	.130		17.71
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,544		
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03		
NEVADA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76		

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$ 271.94	\$ 67.99	.174	\$ 271.94	\$ 11.82
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
3,318 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,615	8,847	\$	895,891.63	\$ 101.27	2.666	\$ 554.73	\$ 270.01	
@PHYSICIANS SERVICES	870	2,383	\$	176,784.79	\$ 74.19	.718	\$ 203.20	\$ 53.28	
OUTPATIENT VISITS	554	828		32,353.68	39.07	.250	58.40	9.75	
OFFICE VISITS	379	530		16,084.30	30.35	.160	42.44	4.85	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	139	174		7,130.78	40.98	.052	51.30	2.15	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	71	121		9,073.52	74.99	.036	127.80	2.73	
OTHER OUTPATIENT	3	3		65.08	21.69	.001	21.69	.02	
INPATIENT VISITS	131	331		20,288.36	61.29	.100	154.87	6.11	
HOSPITAL VISITS	124	268		11,768.07	43.91	.081	94.90	3.55	
CRITICAL CARE	13	63		8,520.29	135.24	.019	655.41	2.57	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2		81.62	40.81	.001	40.81	.02	
EXAMINATIONS	2	2		81.62	40.81	.001	40.81	.02	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	119	479		90,549.28	189.04	.144	760.92	27.29	
PRINCIPAL SURGEON	88	97		78,588.96	810.20	.029	893.06	23.69	
ASSISTANT SURGEON	14	14		2,611.00	186.50	.004	186.50	.79	
ANESTHESIOLOGIST	41	368		9,349.32	25.41	.111	228.03	2.82	
OUTPATIENT SURGERY	74	129		11,013.66	85.38	.039	148.83	3.32	
PRINCIPAL SURGEON	70	87		9,590.97	110.24	.026	137.01	2.89	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	16	42		1,422.69	33.87	.013	88.92	.43	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	124	212		4,665.04	22.00	.064	37.62	1.41	
RADIOLOGY	181	219		10,004.09	45.68	.066	55.27	3.02	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	33	60		1,905.59	31.76	.018	57.75	.57	
OTHER SERVICES/ALL X-OVERS	78	123		5,923.47	48.16	.037	75.94	1.79	
@PHARMACY	529	988	\$	36,695.32	\$ 37.14	.298	\$ 69.37	\$ 11.06	
PRESCRIPTION DRUGS	523	840		36,279.75	43.19	.253	69.37	10.93	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	523	840		36,279.75	43.19	.253	69.37	10.93	
MEDICAL SUPPLIES	12	148		415.57	2.81	.045	34.63	.13	
@DENTIST	5	9	\$	91.00	\$ 10.11	.003	\$ 18.20	\$.03	
VISITS - DIAGNOSTIC	4	7		91.00	13.00	.002	22.75	.03	
ORAL SURGERY	1	1		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	1		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	

3,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	20	35	\$ 1,704.41	\$ 48.70	.011	\$ 85.22	\$.51
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	9	34	\$ 3,516.81	\$ 103.44	.010	\$ 390.76	\$ 1.06
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 26.18	\$ 26.18	.000	\$ 26.18	\$.01
@TOTAL HOSPITAL	710	4,524	\$ 641,415.07	\$ 141.78	1.363	\$ 903.40	\$ 193.31
HOSP INPATIENT TOTAL	119	519	552,416.14	1064.39	.156	4642.15	166.49
HSC HOSPITALS	14	125	160,124.03	1280.99	.038	11437.43	48.26
NON-HSC HOSPITAL TOTAL	106	394	392,292.11	995.67	.119	3700.87	118.23
ACCOMMODATIONS	106	394	136,306.01	345.95	.119	1285.91	41.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	106	394	136,306.01	345.95	.119	1285.91	41.08
ANCILLARIES	106	0	255,986.10	.00	.000	2414.96	77.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	650	4,005	88,998.93	22.22	1.207	136.92	26.82
MEDICAL	62	83	2,674.96	32.23	.025	43.14	.81
SURGERY	45	72	2,562.55	35.59	.022	56.95	.77
PATHOLOGY	332	1,170	15,296.38	13.07	.353	46.07	4.61
RADIOLOGY	116	123	10,336.97	84.04	.037	89.11	3.12
ROOM USE	413	678	21,534.06	31.76	.204	52.14	6.49
CROSSOVERS/ALL OTH OUTPTNT	326	1,879	36,594.01	19.48	.566	112.25	11.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,547
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	3,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	710		4,524 \$	641,415.07	\$ 141.78	1.363	\$ 903.40	\$ 193.31
COMM HOSP INPATIENT TOTAL	119		519	552,416.14	1064.39	.156	4642.15	166.49
HSC HOSPITALS	14		125	160,124.03	1280.99	.038	11437.43	48.26
NON-HSC HOSPITALS TOTAL	106		394	392,292.11	995.67	.119	3700.87	118.23
ACCOMMODATIONS	106		394	136,306.01	345.95	.119	1285.91	41.08
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	106		394	136,306.01	345.95	.119	1285.91	41.08
ANCILLARIES	106		0	255,986.10	.00	.000	2414.96	77.15
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	650		4,005	88,998.93	22.22	1.207	136.92	26.82
MEDICAL	62		83	2,674.96	32.23	.025	43.14	.81
SURGERY	45		72	2,562.55	35.59	.022	56.95	.77
PATHOLOGY	332		1,170	15,296.38	13.07	.353	46.07	4.61
RADIOLOGY	116		123	10,336.97	84.04	.037	89.11	3.12
ROOM USE	413		678	21,534.06	31.76	.204	52.14	6.49
CROSSOVERS/ALL OTH OUTPTNT	326		1,879	36,594.01	19.48	.566	112.25	11.03
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$	88.36	\$	88.36	.000	\$ 88.36	\$.03
HOSPITAL BASED	1	1		88.36		88.36	.000	88.36	.03
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	151	244	\$	4,564.57	\$	18.71	.074	\$ 30.23	\$ 1.38
PATHOLOGY	151	244		4,564.57		18.71	.074	30.23	1.38
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	77	256	\$	18,894.63	\$	73.81	.077	\$ 245.38	\$ 5.69
CLINIC	42	172		7,422.19		43.15	.052	176.72	2.24
SURGICENTER	4	22		670.83		30.49	.007	167.71	.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	31	62		10,801.61		174.22	.019	348.44	3.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76								

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					----- MONTHLY AVERAGE -----			
3,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	103	372	\$ 12,110.49	\$ 32.56	.112	\$ 117.58	\$ 3.65	
DURABLE MED. EQUIP.	5	8	228.33	28.54	.002	45.67	.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	7	269	4,800.61	17.85	.081	685.80	1.45	
AMBULANCES/AIR TRANS	7	269	4,800.61	17.85	.081	685.80	1.45	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	89	90	6,918.00	76.87	.027	77.73	2.08	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1	2	57.20	28.60	.001	57.20	.02	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	99.99	50.00	.001	99.99	.03	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	1	6.36	6.36	.000	6.36	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	38	470	\$ 72,540.68	\$ 154.34	.142	\$ 1908.97	\$ 21.86
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,549
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED	AID CODE 16

834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	701	5,192	\$ 265,848.11	\$ 51.20	6.225	\$ 379.24	\$ 318.76
@PHYSICIANS SERVICES	112	326	\$ 3,652.10	\$ 11.20	.391	\$ 32.61	\$ 4.38
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.82	2.82	.001	2.82	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	111	325	3,649.28	11.23	.390	32.88	4.38
@PHARMACY	615	3,692	\$ 199,353.75	\$ 54.00	4.427	\$ 324.15	\$ 239.03
PRESCRIPTION DRUGS	613	2,524	196,488.11	77.85	3.026	320.54	235.60
SNF/ICF	3	18	480.57	26.70	.022	160.19	.58
OUTPATIENTS	612	2,506	196,007.54	78.22	3.005	320.27	235.02
MEDICAL SUPPLIES	32	1,168	2,865.64	2.45	1.400	89.55	3.44
@DENTIST	34	102	\$ 5,784.00	\$ 56.71	.122	\$ 170.12	\$ 6.94
VISITS - DIAGNOSTIC	21	53	869.00	16.40	.064	41.38	1.04
ORAL SURGERY	4	16	1,170.00	73.13	.019	292.50	1.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	11	585.00	53.18	.013	117.00	.70
PROSTHETICS	2	2	30.00	15.00	.002	15.00	.04

DENTURES, STAYPLATES	11	19	3,030.00	159.47	.023	275.45	3.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

PAGE 8,550 01/17/03

834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	31	\$ 569.31	\$ 18.36	.037	\$ 40.67	\$.68
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	8	20	347.31	17.37	.024	43.41	.42
OTHER OPTOMETRIC SERVICES	7	11	222.00	20.18	.013	31.71	.27
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.02
@PODIATRIST	18	29	\$ 283.92	\$ 9.79	.035	\$ 15.77	\$.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	29	283.92	9.79	.035	15.77	.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	84	413	\$ 14,587.51	\$ 35.32	.495	\$ 173.66	\$ 17.49
HOSP INPATIENT TOTAL	13	71	9,010.11	126.90	.085	693.09	10.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	71	9,010.11	126.90	.085	693.09	10.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	73	342	5,577.40	16.31	.410	76.40	6.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	73	342	5,577.40	16.31	.410	76.40	6.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,551
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	84	413	\$ 14,587.51	\$ 35.32	.495	\$ 173.66	\$ 17.49
COMM HOSP INPATIENT TOTAL	13	71	9,010.11	126.90	.085	693.09	10.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	71	9,010.11	126.90	.085	693.09	10.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	73	342	5,577.40	16.31	.410	76.40	6.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	73	342	5,577.40	16.31	.410	76.40	6.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	127	\$ 25,259.28	\$ 198.89	.152	\$ 3157.41	\$ 30.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	127	25,259.28	198.89	.152	3157.41	30.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	14	23	\$	2,856.15	\$	124.18	.028	\$	204.01	\$	3.42
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	23		2,856.15		124.18	.028		204.01		3.42

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,552

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	134	448	\$ 13,485.37	\$ 30.10	.537	\$ 100.64	\$ 16.17
DURABLE MED. EQUIP.	6	8	1,452.62	181.58	.010	242.10	1.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	726.78	363.39	.002	726.78	.87
MEDICAL TRANSPORTATION	5	28	275.96	9.86	.034	55.19	.33
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	28	275.96	9.86	.034	55.19	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	59	3,944.13	66.85	.071	394.41	4.73
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	31	423.62	13.67	.037	28.24	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	22	440.86	20.04	.026	55.11	.53
PROSTHETICS	8	22	440.86	20.04	.026	55.11	.53
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	50.00	25.00	.002	25.00	.06

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	94	296	6,171.40	20.85	.355	65.65	7.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	281	1,084	\$ 29,675.87	\$ 27.38	1.300	\$ 105.61	\$ 35.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,553
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A	

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	64	\$ 4,968.19	\$ 77.63	10.667	\$ 621.02	\$ 828.03
@PHYSICIANS SERVICES	1	1	\$.89	\$.89	.167	\$.89	\$.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	.89	.89	.167	.89	.15
@PHARMACY	7	44	\$ 1,965.30	\$ 44.67	7.333	\$ 280.76	\$ 327.55
PRESCRIPTION DRUGS	7	44	1,965.30	44.67	7.333	280.76	327.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	7	44	1,965.30	44.67	7.333	280.76	327.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	5	\$ 220.00	\$ 44.00	.833	\$ 220.00	\$ 36.67
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	1	4	120.00	30.00	.667	120.00	20.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.167	100.00	16.67
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,554
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	4	\$ 812.00	\$ 203.00	.667	\$ 812.00	\$ 135.33
HOSP INPATIENT TOTAL	1	4	812.00	203.00	.667	812.00	135.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.667	812.00	135.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,555
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4	\$ 812.00	\$ 203.00	.667	\$ 812.00	\$ 135.33
COMM HOSP INPATIENT TOTAL	1	4	812.00	203.00	.667	812.00	135.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.667	812.00	135.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	10	\$	1,970.00	\$	197.00	1.667	\$	328.33	\$	328.33
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	10		1,970.00		197.00	1.667		328.33		328.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,556
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A										

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 812.89	\$ 812.89	.167	\$ 812.89	\$ 135.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,557
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C										

384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	347	3,128	\$	247,612.15	\$	79.16	8.146	\$	713.58	\$	644.82
@PHYSICIANS SERVICES	36	91	\$	2,898.19	\$	31.85	.237	\$	80.51	\$	7.55
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	15		336.81		22.45	.039		168.41		.88
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	15		336.81		22.45	.039		168.41		.88
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	34	76		2,561.38		33.70	.198		75.33		6.67
@PHARMACY	307	1,852	\$	187,710.98	\$	101.36	4.823	\$	611.44	\$	488.83
PRESCRIPTION DRUGS	301	1,320		186,704.94		141.44	3.438		620.28		486.21

SNF/ICF	6	40		3,588.84		89.72	.104	598.14	9.35
OUTPATIENTS	297	1,280		183,116.10		143.06	3.333	616.55	476.86
MEDICAL SUPPLIES	15	532		1,006.04		1.89	1.385	67.07	2.62
@DENTIST	49	213	\$	13,354.00	\$	62.69	.555	272.53	34.78
VISITS - DIAGNOSTIC	27	96		1,509.00		15.72	.250	55.89	3.93
ORAL SURGERY	14	54		2,303.00		42.65	.141	164.50	6.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	4	5		1,000.00		200.00	.013	250.00	2.60
ENDODONTICS	4	5		690.00		138.00	.013	172.50	1.80
RESTORATIVE DENTISTRY	13	38		4,811.00		126.61	.099	370.08	12.53
PROSTHETICS	1	1		30.00		30.00	.003	30.00	.08
DENTURES, STAYPLATES	7	14		3,011.00		215.07	.036	430.14	7.84
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 8,558 01/17/03

384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	14	\$ 329.58	\$ 23.54	.036	\$ 41.20	\$.86
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.008	47.45	.37
EYE APPLIANCES	5	10	160.12	16.01	.026	32.02	.42
OTHER OPTOMETRIC SERVICES	1	1	27.11	27.11	.003	27.11	.07
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.003	\$ 16.72	\$.04
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.003	16.72	.04
@PODIATRIST	2	3	\$ 24.94	\$ 8.31	.008	\$ 12.47	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	3	24.94	8.31	.008	12.47	.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	43	153	\$ 8,246.22	\$ 53.90	.398	\$ 191.77	\$ 21.47
HOSP INPATIENT TOTAL	8	45	5,374.99	119.44	.117	671.87	14.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	45	5,374.99	119.44	.117	671.87	14.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	108	2,871.23	26.59	.281	77.60	7.48
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	60.89	60.89	.003	60.89	.16
PATHOLOGY	1	1	3.47	3.47	.003	3.47	.01

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	216.54	72.18	.008	216.54	.56
CROSSOVERS/ALL OTH OUTPTNT	36	103	2,590.33	25.15	.268	71.95	6.75
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,559
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	153	\$ 8,246.22	\$ 53.90	.398	\$ 191.77	\$ 21.47
COMM HOSP INPATIENT TOTAL	8	45	5,374.99	119.44	.117	671.87	14.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	45	5,374.99	119.44	.117	671.87	14.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	108	2,871.23	26.59	.281	77.60	7.48
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	60.89	60.89	.003	60.89	.16
PATHOLOGY	1	1	3.47	3.47	.003	3.47	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	216.54	72.18	.008	216.54	.56
CROSSOVERS/ALL OTH OUTPTNT	36	103	2,590.33	25.15	.268	71.95	6.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	33	\$ 3,604.31	\$ 109.22	.086	\$ 1201.44	\$ 9.39
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	33	3,604.31	109.22	.086	1201.44	9.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	27	\$ 3,948.49	\$ 146.24	.070	\$ 263.23	\$ 10.28
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	27	3,948.49	146.24	.070	263.23	10.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,560
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	80	741	\$ 27,478.72	\$ 37.08	1.930	\$ 343.48	\$ 71.56
DURABLE MED. EQUIP.	3	6	1,511.89	251.98	.016	503.96	3.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	80	275.39	3.44	.208	68.85	.72
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	65	146.41	2.25	.169	73.21	.38
OTHER SERVICES	2	15	128.98	8.60	.039	64.49	.34
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	316	21,093.63	66.75	.823	878.90	54.93
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	154.19	11.01	.036	22.03	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	13	1,194.13	91.86	.034	597.07	3.11
PROSTHETICS	2	13	1,194.13	91.86	.034	597.07	3.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	312	3,249.49	10.42	.813	69.14	8.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	110	924	\$ 15,357.26	\$ 16.62	2.406	\$ 139.61	\$ 39.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 8,562
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,563
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,564
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 8,565

01/17/03

1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,056	8,384	\$ 518,428.45	\$ 61.84	6.850	\$ 490.94	\$ 423.55
@PHYSICIANS SERVICES	149	418	\$ 6,551.18	\$ 15.67	.342	\$ 43.97	\$ 5.35
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	15	336.81	22.45	.012	168.41	.28
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	336.81	22.45	.012	168.41	.28
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.82	2.82	.001	2.82	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	146	402	6,211.55	15.45	.328	42.54	5.07
@PHARMACY	929	5,588	\$ 389,030.03	\$ 69.62	4.565	\$ 418.76	\$ 317.83
PRESCRIPTION DRUGS	921	3,888	385,158.35	99.06	3.176	418.20	314.67
SNF/ICF	9	58	4,069.41	70.16	.047	452.16	3.32
OUTPATIENTS	916	3,830	381,088.94	99.50	3.129	416.04	311.35
MEDICAL SUPPLIES	47	1,700	3,871.68	2.28	1.389	82.38	3.16
@DENTIST	84	320	\$ 19,358.00	\$ 60.49	.261	\$ 230.45	\$ 15.82
VISITS - DIAGNOSTIC	48	149	2,378.00	15.96	.122	49.54	1.94
ORAL SURGERY	19	74	3,593.00	48.55	.060	189.11	2.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.08
PERIODONTICS	4	5	1,000.00	200.00	.004	250.00	.82
ENDODONTICS	4	5	690.00	138.00	.004	172.50	.56
RESTORATIVE DENTISTRY	18	49	5,396.00	110.12	.040	299.78	4.41
PROSTHETICS	3	3	60.00	20.00	.002	20.00	.05

DENTURES, STAYPLATES	18	33	6,041.00	183.06	.027	335.61	4.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 8,566 01/17/03

1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	22	45	\$ 898.89	\$ 19.98	.037	\$ 40.86	\$.73
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.002	47.45	.12
EYE APPLIANCES	13	30	507.43	16.91	.025	39.03	.41
OTHER OPTOMETRIC SERVICES	8	12	249.11	20.76	.010	31.14	.20
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.002	\$ 16.72	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	33.44	16.72	.002	16.72	.03
@PODIATRIST	20	32	\$ 308.86	\$ 9.65	.026	\$ 15.44	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	20	32	308.86	9.65	.026	15.44	.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	128	570	\$ 23,645.73	\$ 41.48	.466	\$ 184.73	\$ 19.32
HOSP INPATIENT TOTAL	22	120	15,197.10	126.64	.098	690.78	12.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	120	15,197.10	126.64	.098	690.78	12.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	110	450	8,448.63	18.77	.368	76.81	6.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	60.89	60.89	.001	60.89	.05
PATHOLOGY	1	1	3.47	3.47	.001	3.47	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	216.54	72.18	.002	216.54	.18
CROSSOVERS/ALL OTH OUTPTNT	109	445	8,167.73	18.35	.364	74.93	6.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,567
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	128		570	\$ 23,645.73	\$ 41.48	.466	\$ 184.73	\$ 19.32
COMM HOSP INPATIENT TOTAL	22		120	15,197.10	126.64	.098	690.78	12.42
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22		120	15,197.10	126.64	.098	690.78	12.42
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	110		450	8,448.63	18.77	.368	76.81	6.90
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	1		1	60.89	60.89	.001	60.89	.05
PATHOLOGY	1		1	3.47	3.47	.001	3.47	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	1		3	216.54	72.18	.002	216.54	.18

CROSSOVERS/ALL OTH OUTPTNT	109	445		8,167.73	18.35	.364	74.93	6.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	11	160	\$	28,863.59	\$ 180.40	.131	\$ 2623.96	\$ 23.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	11	160		28,863.59	180.40	.131	2623.96	23.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35	60	\$	8,774.64	\$ 146.24	.049	\$ 250.70	\$ 7.17
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	35	60		8,774.64	146.24	.049	250.70	7.17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,568
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	1,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	214	1,189	\$	40,964.09	\$ 34.45	.971	\$ 191.42 \$ 33.47
DURABLE MED. EQUIP.	9	14		2,964.51	211.75	.011	329.39 2.42
BLOOD BANK	0	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	1	2		726.78	363.39	.002	726.78 .59
MEDICAL TRANSPORTATION	9	108		551.35	5.11	.088	61.26 .45
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00 .00
OTHER TRANS	2	65		146.41	2.25	.053	73.21 .12
OTHER SERVICES	7	43		404.94	9.42	.035	57.85 .33
ACUPUNCTURE	0	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	34	375		25,037.76	66.77	.306	736.40 20.46
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00 .00
OPTICIAN	22	45		577.81	12.84	.037	26.26 .47
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	10	35		1,634.99	46.71	.029	163.50 1.34
PROSTHETICS	10	35		1,634.99	46.71	.029	163.50 1.34
ORTHOTICS	0	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	2	2		50.00	25.00	.002	25.00 .04

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	141	608	9,420.89	15.49	.497	66.81	7.70
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	392	2,009	\$ 45,846.02	\$ 22.82	1.641	\$ 116.95	\$ 37.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,569
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	581	11,127	\$ 337,474.05	\$ 30.33	16.509	\$ 580.85	\$ 500.70
@PHYSICIANS SERVICES	77	616	\$ 2,763.32	\$ 4.49	.914	\$ 35.89	\$ 4.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	77	616	2,763.32	4.49	.914	35.89	4.10
@PHARMACY	491	4,682	\$ 152,289.72	\$ 32.53	6.947	\$ 310.16	\$ 225.95
PRESCRIPTION DRUGS	483	2,433	146,373.37	60.16	3.610	303.05	217.17
SNF/ICF	18	91	4,964.18	54.55	.135	275.79	7.37
OUTPATIENTS	468	2,342	141,409.19	60.38	3.475	302.16	209.81
MEDICAL SUPPLIES	64	2,249	5,916.35	2.63	3.337	92.44	8.78
@DENTIST	18	64	\$ 2,897.00	\$ 45.27	.095	\$ 160.94	\$ 4.30
VISITS - DIAGNOSTIC	13	27	510.00	18.89	.040	39.23	.76
ORAL SURGERY	5	16	484.00	30.25	.024	96.80	.72

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12	1,428.00	119.00	.018	238.00	2.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	9	475.00	52.78	.013	118.75	.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,570
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	10	\$ 137.88	\$ 13.79	.015	\$ 34.47	\$.20
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	7	127.53	18.22	.010	42.51	.19
OTHER OPTOMETRIC SERVICES	3	3	10.35	3.45	.004	3.45	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	22	\$ 212.42	\$ 9.66	.033	\$ 13.28	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	22	212.42	9.66	.033	13.28	.32
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	23.33	11.67	.003	11.67	.03
@TOTAL HOSPITAL	88	521	\$ 23,106.75	\$ 44.35	.773	\$ 262.58	\$ 34.28
HOSP INPATIENT TOTAL	23	90	16,153.13	179.48	.134	702.31	23.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	23	90	16,153.13	179.48	.134	702.31	23.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	431	6,953.62	16.13	.639	102.26	10.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	68	431	6,953.62	16.13	.639	102.26	10.32
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,571
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						AID CODE 18
					----- MONTHLY AVERAGE -----		
674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	88	521	\$ 23,106.75	\$ 44.35	.773	\$ 262.58	\$ 34.28
COMM HOSP INPATIENT TOTAL	23	90	16,153.13	179.48	.134	702.31	23.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	23	90	16,153.13	179.48	.134	702.31	23.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	431	6,953.62	16.13	.639	102.26	10.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	68	431	6,953.62	16.13	.639	102.26	10.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	579	\$ 78,000.37	\$ 134.72	.859	\$ 2689.67	\$ 115.73
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	579	78,000.37	134.72	.859	2689.67	115.73
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$ 524.68	\$ 262.34	.003	\$ 262.34	\$.78
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2	524.68	262.34	.003	262.34	.78

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	6.25	\$	6.25	.001	\$	6.25	\$	.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		6.25		6.25	.001		6.25		.01
@ORGANIZED OUTPATIENT CLINIC	11	43	\$	3,768.38	\$	87.64	.064	\$	342.58	\$	5.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		191.78		191.78	.001		191.78		.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	42		3,576.60		85.16	.062		357.66		5.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,572
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	204	4,585	\$ 73,743.95	\$ 16.08	6.803	\$ 361.49	\$ 109.41
DURABLE MED. EQUIP.	3	3	75.73	25.24	.004	25.24	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	8	968.62	121.08	.012	161.44	1.44
MEDICAL TRANSPORTATION	6	74	339.56	4.59	.110	56.59	.50
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	6	52.95	8.83	.009	26.48	.08
OTHER SERVICES	4	68	286.61	4.21	.101	71.65	.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	51	837	55,491.17	66.30	1.242	1088.06	82.33
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	137.60	11.47	.018	22.93	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	16	432.02	27.00	.024	54.00	.64
PROSTHETICS	8	16	432.02	27.00	.024	54.00	.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	7.16	3.58	.003	7.16	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	151	3,633	16,292.09	4.48	5.390	107.89	24.17
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	276	1,708	\$ 54,481.22	\$ 31.90	2.534	\$ 197.40	\$ 80.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,573
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	67	2,491	\$ 68,958.80	\$ 27.68	28.307	\$ 1029.24	\$ 783.62
@PHYSICIANS SERVICES	17	139	\$ 476.14	\$ 3.43	1.580	\$ 28.01	\$ 5.41
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	17	139	476.14	3.43	1.580	28.01	5.41
@PHARMACY	64	2,104	\$ 52,119.92	\$ 24.77	23.909	\$ 814.37	\$ 592.27
PRESCRIPTION DRUGS	63	409	51,327.17	125.49	4.648	814.72	583.26

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	63	409	51,327.17	125.49	4.648	814.72	583.26
MEDICAL SUPPLIES	8	1,695	792.75	.47	19.261	99.09	9.01
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

PAGE 8,574
01/17/03

AID CODE 28

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.080	\$ 58.52	\$ 1.33
VISITS	2	7	117.04	16.72	.080	58.52	1.33
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 51.79	\$ 25.90	.023	\$ 25.90	\$.59
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	51.79	25.90	.023	25.90	.59
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	13	100	\$ 2,800.02	\$ 28.00	1.136	\$ 215.39	\$ 31.82
HOSP INPATIENT TOTAL	3	13	1,577.22	121.32	.148	525.74	17.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	13	1,577.22	121.32	.148	525.74	17.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	87	1,222.80	14.06	.989	111.16	13.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	87	1,222.80	14.06	.989	111.16	13.90
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,575
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	100	\$ 2,800.02	\$ 28.00	1.136	\$ 215.39	\$ 31.82
COMM HOSP INPATIENT TOTAL	3	13	1,577.22	121.32	.148	525.74	17.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	13	1,577.22	121.32	.148	525.74	17.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	87	1,222.80	14.06	.989	111.16	13.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	87	1,222.80	14.06	.989	111.16	13.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	22	\$	8,927.48	\$ 405.79	.250	\$ 446.37	\$ 101.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	22		8,927.48	405.79	.250	446.37	101.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,184.60	\$ 197.43	.068	\$ 236.92	\$ 13.46
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		1,184.60	197.43	.068	236.92	13.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	111	\$ 3,281.81	\$ 29.57	1.261	\$ 218.79	\$ 37.29
DURABLE MED. EQUIP.	1	1	58.92	58.92	.011	58.92	.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	43	125.01	2.91	.489	41.67	1.42
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	28	81.96	2.93	.318	40.98	.93
OTHER SERVICES	1	15	43.05	2.87	.170	43.05	.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	37	2,461.98	66.54	.420	2461.98	27.98
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	30	635.90	21.20	.341	57.81	7.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	36	1,977	\$ 13,286.06	\$ 6.72	22.466	\$ 369.06	\$ 150.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

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511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 68				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	496	33,856	\$ 569,569.72	\$ 16.82	66.254	\$ 1148.33	\$ 1114.62	
@PHYSICIANS SERVICES	142	1,099	\$ 22,211.93	\$ 20.21	2.151	\$ 156.42	\$ 43.47	
OUTPATIENT VISITS	62	109	3,390.46	31.11	.213	54.68	6.63	
OFFICE VISITS	57	87	2,467.03	28.36	.170	43.28	4.83	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	7	17	810.63	47.68	.033	115.80	1.59	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	4	5	112.80	22.56	.010	28.20	.22	
INPATIENT VISITS	13	235	3,298.17	14.03	.460	253.71	6.45	
HOSPITAL VISITS	10	231	3,131.07	13.55	.452	313.11	6.13	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	3	4	167.10	41.78	.008	55.70	.33	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	8	243.48	30.44	.016	121.74	.48	
PRINCIPAL SURGEON	1	1	70.88	70.88	.002	70.88	.14	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	7	172.60	24.66	.014	172.60	.34	
OUTPATIENT SURGERY	10	48	2,840.62	59.18	.094	284.06	5.56	
PRINCIPAL SURGEON	5	13	2,221.79	170.91	.025	444.36	4.35	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	5	35	618.83	17.68	.068	123.77	1.21	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	7	14	238.30	17.02	.027	34.04	.47	

RADIOLOGY	18	32		1,644.04		51.38	.063	91.34	3.22
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5		50.00		10.00	.010	12.50	.10
OTHER SERVICES/ALL X-OVERS	80	648		10,506.86		16.21	1.268	131.34	20.56
@PHARMACY	428	19,011	\$	275,179.49	\$	14.47	37.204	\$ 642.94	\$ 538.51
PRESCRIPTION DRUGS	421	2,234		265,677.86		118.92	4.372	631.06	519.92
SNF/ICF	2	9		432.24		48.03	.018	216.12	.85
OUTPATIENTS	419	2,225		265,245.62		119.21	4.354	633.04	519.07
MEDICAL SUPPLIES	68	16,777		9,501.63		.57	32.832	139.73	18.59
@DENTIST	44	152	\$	5,669.00	\$	37.30	.297	\$ 128.84	\$ 11.09
VISITS - DIAGNOSTIC	30	100		1,631.00		16.31	.196	54.37	3.19
ORAL SURGERY	8	15		718.00		47.87	.029	89.75	1.41
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	2		400.00		200.00	.004	400.00	.78
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	16	31		1,880.00		60.65	.061	117.50	3.68
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	4		1,040.00		260.00	.008	346.67	2.04
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	19	\$ 391.17	\$ 20.59	.037	\$ 48.90	\$.77
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.004	47.45	.19
EYE APPLIANCES	6	15	234.77	15.65	.029	39.13	.46
OTHER OPTOMETRIC SERVICES	2	2	61.50	30.75	.004	30.75	.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.21	\$ 5.21	.002	\$ 5.21	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.21	5.21	.002	5.21	.01
@HOME HEALTH AGENCY	8	59	\$ 4,383.73	\$ 74.30	.115	\$ 547.97	\$ 8.58
NURSE ANESTHESIST	2	25	\$ 57.19	\$ 2.29	.049	\$ 28.60	\$.11
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	104	724	\$ 55,980.20	\$ 77.32	1.417	\$ 538.27	\$ 109.55
HOSP INPATIENT TOTAL	11	54	39,387.73	729.40	.106	3580.70	77.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	25	34,379.74	1375.19	.049	8594.94	67.28
ACCOMMODATIONS	4	25	8,734.72	349.39	.049	2183.68	17.09
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	25	8,734.72	349.39	.049	2183.68	17.09
ANCILLARIES	4	0	25,645.02	.00	.000	6411.26	50.19

INPATIENT CROSSOVERS	7	29	5,007.99	172.69	.057	715.43	9.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	670	16,592.47	24.76	1.311	172.84	32.47
MEDICAL	4	5	128.43	25.69	.010	32.11	.25
SURGERY	1	1	38.20	38.20	.002	38.20	.07
PATHOLOGY	39	197	2,443.28	12.40	.386	62.65	4.78
RADIOLOGY	12	26	6,085.95	234.08	.051	507.16	11.91
ROOM USE	12	17	729.69	42.92	.033	60.81	1.43
CROSSOVERS/ALL OTH OUTPTNT	58	424	7,166.92	16.90	.830	123.57	14.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	104	724	\$ 55,980.20	\$ 77.32	1.417	\$ 538.27	\$ 109.55
COMM HOSP INPATIENT TOTAL	11	54	39,387.73	729.40	.106	3580.70	77.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	25	34,379.74	1375.19	.049	8594.94	67.28
ACCOMMODATIONS	4	25	8,734.72	349.39	.049	2183.68	17.09
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	25	8,734.72	349.39	.049	2183.68	17.09
ANCILLARIES	4	0	25,645.02	.00	.000	6411.26	50.19
INPATIENT CROSSOVERS	7	29	5,007.99	172.69	.057	715.43	9.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	670	16,592.47	24.76	1.311	172.84	32.47
MEDICAL	4	5	128.43	25.69	.010	32.11	.25
SURGERY	1	1	38.20	38.20	.002	38.20	.07
PATHOLOGY	39	197	2,443.28	12.40	.386	62.65	4.78
RADIOLOGY	12	26	6,085.95	234.08	.051	507.16	11.91
ROOM USE	12	17	729.69	42.92	.033	60.81	1.43
CROSSOVERS/ALL OTH OUTPTNT	58	424	7,166.92	16.90	.830	123.57	14.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	249	\$ 62,417.92	\$ 250.67	.487	\$ 4801.38	\$ 122.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	249	62,417.92	250.67	.487	4801.38	122.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	21	92	\$ 12,043.98	\$ 130.91	.180	\$ 573.52	\$ 23.57
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	21	92	12,043.98	130.91	.180	573.52	23.57
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	23	\$ 341.44	\$ 14.85	.045	\$ 48.78	\$.67
PATHOLOGY	7	23	341.44	14.85	.045	48.78	.67
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	55	\$ 6,931.52	\$ 126.03	.108	\$ 231.05	\$ 13.56
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	55	6,931.52	126.03	.108	231.05	13.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,580
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511 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	154	12,347	\$ 123,956.94	\$ 10.04	24.162	\$ 804.92	\$ 242.58
DURABLE MED. EQUIP.	12	23	4,702.01	204.44	.045	391.83	9.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	177	369.75	2.09	.346	92.44	.72
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.014	139.50	.27
OTHER TRANS	1	61	108.51	1.78	.119	108.51	.21
OTHER SERVICES	2	109	121.74	1.12	.213	60.87	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	19	272	17,660.68	64.93	.532	929.51	34.56
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	32	1,343	48,640.38	36.22	2.628	1520.01	95.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	25	280.40	11.22	.049	25.49	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	9	219.88	24.43	.018	54.97	.43
PROSTHETICS	4	9	219.88	24.43	.018	54.97	.43
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	66.05	66.05	.002	66.05	.13
HOSPICE SERVICES	9	236	27,557.45	116.77	.462	3061.94	53.93
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	807	5,151.95	6.38	1.579	468.36	10.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	78	9,454		19,308.39	2.04	18.501	247.54	37.79
@CALIF. CHILDREN SERVICES*	0	13CR	\$	6,699.82CR	\$ 515.37	.025CR\$	.00	\$ 13.11CR
@XOVER EXCLUDING STATE HOSP**	174	8,555	\$	45,654.75	\$ 5.34	16.742	\$ 262.38	\$ 89.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 8,581

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

						----- MONTHLY AVERAGE -----		
1,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,144	47,474	\$ 976,002.57	\$ 20.56	37.293	\$ 853.15	\$ 766.69	
@PHYSICIANS SERVICES	236	1,854	\$ 25,451.39	\$ 13.73	1.456	\$ 107.84	\$ 19.99	
OUTPATIENT VISITS	62	109	3,390.46	31.11	.086	54.68	2.66	
OFFICE VISITS	57	87	2,467.03	28.36	.068	43.28	1.94	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	7	17	810.63	47.68	.013	115.80	.64	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	4	5	112.80	22.56	.004	28.20	.09	
INPATIENT VISITS	13	235	3,298.17	14.03	.185	253.71	2.59	
HOSPITAL VISITS	10	231	3,131.07	13.55	.181	313.11	2.46	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	3	4	167.10	41.78	.003	55.70	.13	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	8	243.48	30.44	.006	121.74	.19	
PRINCIPAL SURGEON	1	1	70.88	70.88	.001	70.88	.06	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	7	172.60	24.66	.005	172.60	.14	
OUTPATIENT SURGERY	10	48	2,840.62	59.18	.038	284.06	2.23	
PRINCIPAL SURGEON	5	13	2,221.79	170.91	.010	444.36	1.75	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	5	35	618.83	17.68	.027	123.77	.49	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	7	14	238.30	17.02	.011	34.04	.19	
RADIOLOGY	18	32	1,644.04	51.38	.025	91.34	1.29	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	4	5	50.00	10.00	.004	12.50	.04	
OTHER SERVICES/ALL X-OVERS	174	1,403	13,746.32	9.80	1.102	79.00	10.80	
@PHARMACY	983	25,797	\$ 479,589.13	\$ 18.59	20.265	\$ 487.88	\$ 376.74	
PRESCRIPTION DRUGS	967	5,076	463,378.40	91.29	3.987	479.19	364.01	
SNF/ICF	20	100	5,396.42	53.96	.079	269.82	4.24	
OUTPATIENTS	950	4,976	457,981.98	92.04	3.909	482.09	359.77	
MEDICAL SUPPLIES	140	20,721	16,210.73	.78	16.277	115.79	12.73	
@DENTIST	62	216	\$ 8,566.00	\$ 39.66	.170	\$ 138.16	\$ 6.73	
VISITS - DIAGNOSTIC	43	127	2,141.00	16.86	.100	49.79	1.68	
ORAL SURGERY	13	31	1,202.00	38.77	.024	92.46	.94	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	2	400.00	200.00	.002	400.00	.31	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	22	43	3,308.00	76.93	.034	150.36	2.60	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	7	13	1,515.00	116.54	.010	216.43	1.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,582
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

1,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	12	29	\$ 529.05	\$ 18.24	.023	\$ 44.09	\$.42	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.07	
EYE APPLIANCES	9	22	362.30	16.47	.017	40.26	.28	
OTHER OPTOMETRIC SERVICES	5	5	71.85	14.37	.004	14.37	.06	
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.005	\$ 58.52	\$.09	
VISITS	2	7	117.04	16.72	.005	58.52	.09	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	19	25	\$ 269.42	\$ 10.78	.020	\$ 14.18	\$.21	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	19	25	269.42	10.78	.020	14.18	.21	
@HOME HEALTH AGENCY	8	59	\$ 4,383.73	\$ 74.30	.046	\$ 547.97	\$ 3.44	
NURSE ANESTHESIST	2	25	\$ 57.19	\$ 2.29	.020	\$ 28.60	\$.04	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	2	2	\$ 23.33	\$ 11.67	.002	\$ 11.67	\$.02	
@TOTAL HOSPITAL	205	1,345	\$ 81,886.97	\$ 60.88	1.057	\$ 399.45	\$ 64.33	
HOSP INPATIENT TOTAL	37	157	57,118.08	363.81	.123	1543.73	44.87	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	4	25	34,379.74	1375.19	.020	8594.94	27.01
ACCOMMODATIONS	4	25	8,734.72	349.39	.020	2183.68	6.86
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	25	8,734.72	349.39	.020	2183.68	6.86
ANCILLARIES	4	0	25,645.02	.00	.000	6411.26	20.15
INPATIENT CROSSOVERS	33	132	22,738.34	172.26	.104	689.04	17.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	175	1,188	24,768.89	20.85	.933	141.54	19.46
MEDICAL	4	5	128.43	25.69	.004	32.11	.10
SURGERY	1	1	38.20	38.20	.001	38.20	.03
PATHOLOGY	39	197	2,443.28	12.40	.155	62.65	1.92
RADIOLOGY	12	26	6,085.95	234.08	.020	507.16	4.78
ROOM USE	12	17	729.69	42.92	.013	60.81	.57
CROSSOVERS/ALL OTH OUTPTNT	137	942	15,343.34	16.29	.740	112.00	12.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,583
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	1,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,345	\$	81,886.97	\$ 60.88	1.057	\$ 399.45 \$ 64.33
COMM HOSP INPATIENT TOTAL	37	157		57,118.08	363.81	.123	1543.73 44.87
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	4	25		34,379.74	1375.19	.020	8594.94 27.01
ACCOMMODATIONS	4	25		8,734.72	349.39	.020	2183.68 6.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	4	25		8,734.72	349.39	.020	2183.68 6.86
ANCILLARIES	4	0		25,645.02	.00	.000	6411.26 20.15
INPATIENT CROSSOVERS	33	132		22,738.34	172.26	.104	689.04 17.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	175	1,188		24,768.89	20.85	.933	141.54 19.46
MEDICAL	4	5		128.43	25.69	.004	32.11 .10
SURGERY	1	1		38.20	38.20	.001	38.20 .03
PATHOLOGY	39	197		2,443.28	12.40	.155	62.65 1.92
RADIOLOGY	12	26		6,085.95	234.08	.020	507.16 4.78
ROOM USE	12	17		729.69	42.92	.013	60.81 .57

CROSSOVERS/ALL OTH OUTPTNT	137	942		15,343.34		16.29	.740	112.00	12.05
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	42	828	\$	140,418.29	\$	169.59	.650	\$ 3343.29	\$ 110.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	42	828		140,418.29		169.59	.650	3343.29	110.31
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	43	116	\$	21,496.14	\$	185.31	.091	\$ 499.91	\$ 16.89
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	43	116		21,496.14		185.31	.091	499.91	16.89
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	8	24	\$	347.69	\$	14.49	.019	\$ 43.46	\$.27
PATHOLOGY	7	23		341.44		14.85	.018	48.78	.27
XO AND OTHERS	1	1		6.25		6.25	.001	6.25	.00
@ORGANIZED OUTPATIENT CLINIC	46	104	\$	11,884.50	\$	114.27	.082	\$ 258.36	\$ 9.34
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	1		191.78		191.78	.001	191.78	.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	45	103		11,692.72		113.52	.081	259.84	9.19

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT

PAGE 8,584

01/17/03

	1,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	373	17,043	\$	200,982.70	\$ 11.79	13.388	\$ 538.83	\$ 157.88
DURABLE MED. EQUIP.	16	27		4,836.66	179.14	.021	302.29	3.80
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	8		968.62	121.08	.006	161.44	.76
MEDICAL TRANSPORTATION	13	294		834.32	2.84	.231	64.18	.66
AMBULANCES/AIR TRANS	1	7		139.50	19.93	.005	139.50	.11
OTHER TRANS	5	95		243.42	2.56	.075	48.68	.19
OTHER SERVICES	7	192		451.40	2.35	.151	64.49	.35
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	71	1,146		75,613.83	65.98	.900	1064.98	59.40
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	32	1,343		48,640.38	36.22	1.055	1520.01	38.21
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	17	37		418.00	11.30	.029	24.59	.33
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	25		651.90	26.08	.020	54.33	.51
PROSTHETICS	12	25		651.90	26.08	.020	54.33	.51
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		7.16	3.58	.002	7.16	.01
SPEECH AND AUDIOLOGY	1	1		66.05	66.05	.001	66.05	.05

HOSPICE SERVICES	9	236	27,557.45	116.77	.185	3061.94	21.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	807	5,151.95	6.38	.634	468.36	4.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	240	13,117	36,236.38	2.76	10.304	150.98	28.47
@CALIF. CHILDREN SERVICES*	0	13CR	\$ 6,699.82CR	\$ 515.37	.010CR\$	.00	\$ 5.26CR
@XOVER EXCLUDING STATE HOSP**	486	12,240	\$ 113,422.03	\$ 9.27	9.615	\$ 233.38	\$ 89.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,585
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

4,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,244	38,725	\$ 1,491,998.18	\$ 38.53	9.209	\$ 459.93	\$ 354.82
@PHYSICIANS SERVICES	559	2,514	\$ 29,650.39	\$ 11.79	.598	\$ 53.04	\$ 7.05
OUTPATIENT VISITS	5	6	167.80	27.97	.001	33.56	.04
OFFICE VISITS	5	6	167.80	27.97	.001	33.56	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	8.46	2.82	.001	4.23	.00
RADIOLOGY	1	2	25.53	12.77	.000	25.53	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.00	10.00	.000	10.00	.00
OTHER SERVICES/ALL X-OVERS	553	2,502	29,438.60	11.77	.595	53.23	7.00
@PHARMACY	2,783	20,861	\$ 756,101.40	\$ 36.24	4.961	\$ 271.69	\$ 179.81
PRESCRIPTION DRUGS	2,753	11,366	734,561.62	64.63	2.703	266.82	174.69
SNF/ICF	95	507	25,289.38	49.88	.121	266.20	6.01
OUTPATIENTS	2,684	10,859	709,272.24	65.32	2.582	264.26	168.67
MEDICAL SUPPLIES	224	9,495	21,539.78	2.27	2.258	96.16	5.12
@DENTIST	138	448	\$ 25,769.51	\$ 57.52	.107	\$ 186.74	\$ 6.13
VISITS - DIAGNOSTIC	90	245	3,766.00	15.37	.058	41.84	.90
ORAL SURGERY	18	66	3,163.00	47.92	.016	175.72	.75

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	3	3	455.00	151.67	.001	151.67	.11
ENDODONTICS	3	8	2,085.00	260.63	.002	695.00	.50
RESTORATIVE DENTISTRY	26	53	6,812.00	128.53	.013	262.00	1.62
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.01
DENTURES, STAYPLATES	38	70	9,358.51	133.69	.017	246.28	2.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,586
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

4,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	60	135	\$ 2,616.51	\$ 19.38	.032	\$ 43.61	\$.62
DIAGNOSTIC AND ANC. PROCED	3	3	102.91	34.30	.001	34.30	.02
EYE APPLIANCES	35	92	1,583.17	17.21	.022	45.23	.38
OTHER OPTOMETRIC SERVICES	28	40	930.43	23.26	.010	33.23	.22
@CHIROPRACTOR	9	17	\$ 227.48	\$ 13.38	.004	\$ 25.28	\$.05
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	9	17	227.48	13.38	.004	25.28	.05
@PODIATRIST	90	130	\$ 1,103.87	\$ 8.49	.031	\$ 12.27	\$.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	90	130	1,103.87	8.49	.031	12.27	.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	11	\$ 29.17	\$ 2.65	.003	\$ 29.17	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 41.43	\$ 13.81	.001	\$ 13.81	\$.01
@TOTAL HOSPITAL	480	2,536	\$ 169,083.51	\$ 66.67	.603	\$ 352.26	\$ 40.21
HOSP INPATIENT TOTAL	88	460	125,326.64	272.45	.109	1424.17	29.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	68	69,058.44	1015.57	.016	11509.74	16.42
ACCOMMODATIONS	6	68	28,065.76	412.73	.016	4677.63	6.67
ADMINISTRATIVE DAYS	1	3	665.86	221.95	.001	665.86	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	65	27,399.90	421.54	.015	4566.65	6.52
ANCILLARIES	6	0	40,992.68	.00	.000	6832.11	9.75
INPATIENT CROSSOVERS	82	392	56,268.20	143.54	.093	686.20	13.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	404	2,076	43,756.87	21.08	.494	108.31	10.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	102.55	12.82	.002	51.28	.02
RADIOLOGY	1	2	70.12	35.06	.000	70.12	.02
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	401	2,066	43,584.20	21.10	.491	108.69	10.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,587
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
4,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	480	2,536	\$ 169,083.51	\$ 66.67	.603	\$ 352.26	\$ 40.21	
COMM HOSP INPATIENT TOTAL	88	460	125,326.64	272.45	.109	1424.17	29.80	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	6	68	69,058.44	1015.57	.016	11509.74	16.42	
ACCOMMODATIONS	6	68	28,065.76	412.73	.016	4677.63	6.67	
ADMINISTRATIVE DAYS	1	3	665.86	221.95	.001	665.86	.16	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	6	65	27,399.90	421.54	.015	4566.65	6.52	
ANCILLARIES	6	0	40,992.68	.00	.000	6832.11	9.75	
INPATIENT CROSSOVERS	82	392	56,268.20	143.54	.093	686.20	13.38	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	404	2,076		43,756.87	21.08	.494	108.31	10.41
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	8		102.55	12.82	.002	51.28	.02
RADIOLOGY	1	2		70.12	35.06	.000	70.12	.02
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	401	2,066		43,584.20	21.10	.491	108.69	10.36
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	103	2,125	\$	328,287.60	\$ 154.49	.505	\$ 3187.26	\$ 78.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	103	2,125		328,287.60	154.49	.505	3187.26	78.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	28	\$	10,908.84	\$ 389.60	.007	\$ 436.35	\$ 2.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	28		10,908.84	389.60	.007	436.35	2.59
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	29.40	\$ 14.70	.000	\$ 14.70	\$.01
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	2		29.40	14.70	.000	14.70	.01
@ORGANIZED OUTPATIENT CLINIC	80	166	\$	17,947.20	\$ 108.12	.039	\$ 224.34	\$ 4.27
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	8	10		1,994.00	199.40	.002	249.25	.47
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	72	156		15,953.20	102.26	.037	221.57	3.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,588
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
4,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	718	9,749	\$ 150,201.87	\$ 15.41	2.318	\$ 209.19	\$ 35.72	
DURABLE MED. EQUIP.	17	56	4,464.54	79.72	.013	262.62	1.06	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	31	44	6,694.24	152.14	.010	215.94	1.59	
MEDICAL TRANSPORTATION	23	384	1,392.08	3.63	.091	60.53	.33	
AMBULANCES/AIR TRANS	2	25	242.39	9.70	.006	121.20	.06	
OTHER TRANS	4	56	145.31	2.59	.013	36.33	.03	
OTHER SERVICES	17	303	1,004.38	3.31	.072	59.08	.24	
ACUPUNCTURE	2	18	227.10	12.62	.004	113.55	.05	
ADULT DAY HEALTH CARE CTR	101	1,412	93,896.37	66.50	.336	929.67	22.33	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	68	144	1,776.32	12.34	.034	26.12	.42	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	24	53	1,145.27	21.61	.013	47.72	.27
PROSTHETICS	24	53	1,145.27	21.61	.013	47.72	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	7.16	3.58	.000	7.16	.00
SPEECH AND AUDIOLOGY	3	3	59.00	19.67	.001	19.67	.01
HOSPICE SERVICES	2	9	978.64	108.74	.002	489.32	.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	514	7,623	39,560.50	5.19	1.813	76.97	9.41
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,441	8,864	\$ 245,087.94	\$ 27.65	2.108	\$ 170.08	\$ 58.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,589
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	495	21,221	\$ 397,389.67	\$ 18.73	30.534	\$ 802.81	\$ 571.78
@PHYSICIANS SERVICES	178	530	\$ 13,097.94	\$ 24.71	.763	\$ 73.58	\$ 18.85
OUTPATIENT VISITS	88	117	4,121.01	35.22	.168	46.83	5.93
OFFICE VISITS	68	82	2,768.74	33.77	.118	40.72	3.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,201.23	40.04	.043	50.05	1.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	151.04	30.21	.007	30.21	.22
INPATIENT VISITS	2	8	465.47	58.18	.012	232.74	.67
HOSPITAL VISITS	2	8	465.47	58.18	.012	232.74	.67
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	286.21	35.78	.012	35.78	.41
EXAMINATIONS	8	8	286.21	35.78	.012	35.78	.41
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,540.08	770.04	.003	770.04	2.22
PRINCIPAL SURGEON	2	2	1,147.80	573.90	.003	573.90	1.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	392.28	.00	.000	.00	.56
OUTPATIENT SURGERY	8	12	666.13	55.51	.017	83.27	.96
PRINCIPAL SURGEON	8	10	574.78	57.48	.014	71.85	.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	91.35	45.68	.003	91.35	.13
DIALYSIS	5	5	1,134.21	226.84	.007	226.84	1.63
PATHOLOGY	9	15	382.58	25.51	.022	42.51	.55
RADIOLOGY	27	48	1,415.38	29.49	.069	52.42	2.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.00	10.00	.001	10.00	.01
OTHER SERVICES/ALL X-OVERS	81	314	3,076.87	9.80	.452	37.99	4.43
@PHARMACY	379	3,747	\$ 220,212.93	\$ 58.77	5.391	\$ 581.04	\$ 316.85
PRESCRIPTION DRUGS	378	1,891	214,252.91	113.30	2.721	566.81	308.28

SNF/ICF	5	46		1,411.31		30.68	.066	282.26	2.03
OUTPATIENTS	374	1,845		212,841.60		115.36	2.655	569.10	306.25
MEDICAL SUPPLIES	41	1,856		5,960.02		3.21	2.671	145.37	8.58
@DENTIST	26	67	\$	1,868.00	\$	27.88	.096	71.85	2.69
VISITS - DIAGNOSTIC	23	45		973.00		21.62	.065	42.30	1.40
ORAL SURGERY	5	8		300.00		37.50	.012	60.00	.43
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12		465.00		38.75	.017	77.50	.67
PROSTHETICS	1	1		30.00		30.00	.001	30.00	.04
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.001	100.00	.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 8,590
01/17/03

695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.006	\$ 100.56	\$.14
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.07
EYE APPLIANCES	1	3	53.11	17.70	.004	53.11	.08
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.010	\$ 58.52	\$.17
VISITS	2	7	117.04	16.72	.010	58.52	.17
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	11	\$ 189.50	\$ 17.23	.016	\$ 23.69	\$.27
MEDICINE/INJECTIONS	1	1	51.00	51.00	.001	51.00	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	10	138.50	13.85	.014	19.79	.20
@HOME HEALTH AGENCY	2	724	\$ 21,421.00	\$ 29.59	1.042	\$ 10710.50	\$ 30.82
NURSE ANESTHESIST	2	14	37.41	2.67	.020	18.71	.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	123	608	\$ 29,280.87	\$ 48.16	.875	\$ 238.06	\$ 42.13
HOSP INPATIENT TOTAL	11	41	17,908.22	436.79	.059	1628.02	25.77
HSC HOSPITALS	1	8	9,615.00	1201.88	.012	9615.00	13.83
NON-HSC HOSPITAL TOTAL	2	3	2,656.00	885.33	.004	1328.00	3.82
ACCOMMODATIONS	2	3	967.54	322.51	.004	483.77	1.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	967.54	322.51	.004	483.77	1.39
ANCILLARIES	2	0	1,688.46	.00	.000	844.23	2.43
INPATIENT CROSSOVERS	8	30	5,637.22	187.91	.043	704.65	8.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	116	567	11,372.65	20.06	.816	98.04	16.36
MEDICAL	10	12	595.19	49.60	.017	59.52	.86
SURGERY	7	7	124.95	17.85	.010	17.85	.18
PATHOLOGY	32	134	1,832.69	13.68	.193	57.27	2.64

RADIOLOGY	21	30	1,177.32	39.24	.043	56.06	1.69
ROOM USE	41	52	2,032.06	39.08	.075	49.56	2.92
CROSSOVERS/ALL OTH OUTPTNT	69	332	5,610.44	16.90	.478	81.31	8.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,591
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	123	608	\$ 29,280.87	\$ 48.16	.875	\$ 238.06	\$ 42.13
COMM HOSP INPATIENT TOTAL	11	41	17,908.22	436.79	.059	1628.02	25.77
HSC HOSPITALS	1	8	9,615.00	1201.88	.012	9615.00	13.83
NON-HSC HOSPITALS TOTAL	2	3	2,656.00	885.33	.004	1328.00	3.82
ACCOMMODATIONS	2	3	967.54	322.51	.004	483.77	1.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	967.54	322.51	.004	483.77	1.39
ANCILLARIES	2	0	1,688.46	.00	.000	844.23	2.43
INPATIENT CROSSOVERS	8	30	5,637.22	187.91	.043	704.65	8.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	116	567	11,372.65	20.06	.816	98.04	16.36
MEDICAL	10	12	595.19	49.60	.017	59.52	.86
SURGERY	7	7	124.95	17.85	.010	17.85	.18
PATHOLOGY	32	134	1,832.69	13.68	.193	57.27	2.64
RADIOLOGY	21	30	1,177.32	39.24	.043	56.06	1.69
ROOM USE	41	52	2,032.06	39.08	.075	49.56	2.92
CROSSOVERS/ALL OTH OUTPTNT	69	332	5,610.44	16.90	.478	81.31	8.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	103	\$ 19,153.95	\$ 185.96	.148	\$ 1915.40	\$ 27.56
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	103	19,153.95	185.96	.148	1915.40	27.56
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	323	\$ 21,648.39	\$ 67.02	.465	\$ 832.63	\$ 31.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	323	21,648.39	67.02	.465	832.63	31.15
@REHABILITATION FACILITY	13	105	\$ 1,618.49	\$ 15.41	.151	\$ 124.50	\$ 2.33
HOSPITAL BASED	1	1	34.56	34.56	.001	34.56	.05
INDEPENDENT FACILITY	12	104	1,583.93	15.23	.150	131.99	2.28
@LABORATORY FACILITY	6	48	\$ 871.10	\$ 18.15	.069	\$ 145.18	\$ 1.25
PATHOLOGY	6	48	871.10	18.15	.069	145.18	1.25
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	29	53	\$ 6,825.70	\$ 128.79	.076	\$ 235.37	\$ 9.82
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	29	53	6,825.70	128.79	.076	235.37	9.82

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	151	14,877	\$ 60,946.79	\$ 4.10	21.406	\$ 403.62	\$ 87.69
DURABLE MED. EQUIP.	8	33	3,106.96	94.15	.047	388.37	4.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	100.00	25.00	.006	25.00	.14
MEDICAL TRANSPORTATION	6	99	3,208.54	32.41	.142	534.76	4.62
AMBULANCES/AIR TRANS	3	55	1,283.53	23.34	.079	427.84	1.85
OTHER TRANS	2	28	81.96	2.93	.040	40.98	.12
OTHER SERVICES	2	16	1,843.05	115.19	.023	921.53	2.65
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	24	222		14,810.45	66.71	.319	617.10	21.31
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	16		168.48	10.53	.023	24.07	.24
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11		1,142.38	103.85	.016	571.19	1.64
PROSTHETICS	2	11		1,142.38	103.85	.016	571.19	1.64
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2		53.20	26.60	.003	26.60	.08
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	7,053		32,569.10	4.62	10.148	775.45	46.86
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	7,437		5,787.68	.78	10.701	86.38	8.33
@CALIF. CHILDREN SERVICES*	32	625	\$	17,426.34	\$ 27.88	.899	\$ 544.57	\$ 25.07
@XOVER EXCLUDING STATE HOSP**	139	2,493	\$	31,886.89	\$ 12.79	3.587	\$ 229.40	\$ 45.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,593
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						----- MONTHLY AVERAGE -----		
17,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	13,309	360,875	\$ 9,845,730.34	\$ 27.28	20.140	\$ 739.78	\$ 549.49	
@PHYSICIANS SERVICES	4,331	15,790	\$ 513,069.62	\$ 32.49	.881	\$ 118.46	\$ 28.63	
OUTPATIENT VISITS	2,649	4,365	155,126.44	35.54	.244	58.56	8.66	
OFFICE VISITS	1,992	2,945	88,832.49	30.16	.164	44.59	4.96	
HOME VISITS	5	6	337.49	56.25	.000	67.50	.02	
EMERGENCY ROOM	830	1,219	59,963.15	49.19	.068	72.24	3.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1	2	186.31	93.16	.000	186.31	.01	
OTHER OUTPATIENT	177	193	5,807.00	30.09	.011	32.81	.32	
INPATIENT VISITS	236	1,136	44,451.52	39.13	.063	188.35	2.48	
HOSPITAL VISITS	184	1,040	39,540.54	38.02	.058	214.89	2.21	
CRITICAL CARE	12	27	2,781.08	103.00	.002	231.76	.16	
SNF/ICF/TRANS IP CARE	52	69	2,129.90	30.87	.004	40.96	.12	
OPHTHALMOLOGICAL SERVICES	80	90	3,987.89	44.31	.005	49.85	.22	
EXAMINATIONS	80	90	3,987.89	44.31	.005	49.85	.22	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	96	638	65,736.37	103.04	.036	684.75	3.67	
PRINCIPAL SURGEON	73	111	50,574.47	455.63	.006	692.80	2.82	
ASSISTANT SURGEON	11	11	3,486.19	316.93	.001	316.93	.19	
ANESTHESIOLOGIST	35	516	11,675.71	22.63	.029	333.59	.65	
OUTPATIENT SURGERY	337	833	62,262.07	74.74	.046	184.75	3.47	
PRINCIPAL SURGEON	282	360	50,320.33	139.78	.020	178.44	2.81	
ASSISTANT SURGEON	4	4	598.66	149.67	.000	149.67	.03	
ANESTHESIOLOGIST	73	469	11,343.08	24.19	.026	155.38	.63	
DIALYSIS	23	106	6,915.56	65.24	.006	300.68	.39	
PATHOLOGY	330	588	11,365.29	19.33	.033	34.44	.63	

17,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	347	982	\$ 20,223.47	\$ 20.59	.055	\$ 58.28	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	138	142	6,437.10	45.33	.008	46.65	.36
EYE APPLIANCES	268	771	12,344.23	16.01	.043	46.06	.69
OTHER OPTOMETRIC SERVICES	58	69	1,442.14	20.90	.004	24.86	.08
@CHIROPRACTOR	91	145	\$ 2,361.54	\$ 16.29	.008	\$ 25.95	\$.13
VISITS	83	132	2,202.86	16.69	.007	26.54	.12
OTHER SERVICES	8	13	158.68	12.21	.001	19.84	.01
@PODIATRIST	145	201	\$ 3,625.85	\$ 18.04	.011	\$ 25.01	\$.20
MEDICINE/INJECTIONS	58	65	1,603.15	24.66	.004	27.64	.09
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	13.00	13.00	.000	13.00	.00
OTHER	92	135	2,009.70	14.89	.008	21.84	.11
@HOME HEALTH AGENCY	97	2,595	\$ 96,820.15	\$ 37.31	.145	\$ 998.15	\$ 5.40
NURSE ANESTHESIST	7	99	\$ 267.13	\$ 2.70	.006	\$ 38.16	\$.01
NURSE MIDWIFE	1	2	\$ 131.58	\$ 65.79	.000	\$ 131.58	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	72	90	\$ 2,199.90	\$ 24.44	.005	\$ 30.55	\$.12
@TOTAL HOSPITAL	3,119	17,528	\$ 1,918,963.03	\$ 109.48	.978	\$ 615.25	\$ 107.10
HOSP INPATIENT TOTAL	286	1,683	1,494,913.89	888.24	.094	5226.97	83.43
HSC HOSPITALS	36	382	463,188.28	1212.53	.021	12866.34	25.85
NON-HSC HOSPITAL TOTAL	150	688	954,659.14	1387.59	.038	6364.39	53.28
ACCOMMODATIONS	149	688	267,189.45	388.36	.038	1793.22	14.91
ADMINISTRATIVE DAYS	8	145	46,379.54	319.86	.008	5797.44	2.59
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	543	220,809.91	406.65	.030	1533.40	12.32
ANCILLARIES	150	0	687,469.69	.00	.000	4583.13	38.37

INPATIENT CROSSOVERS	109	613	77,066.47	125.72	.034	707.03	4.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,950	15,845	424,049.14	26.76	.884	143.75	23.67
MEDICAL	407	596	23,300.74	39.10	.033	57.25	1.30
SURGERY	234	252	8,848.59	35.11	.014	37.81	.49
PATHOLOGY	1,152	4,747	59,018.96	12.43	.265	51.23	3.29
RADIOLOGY	703	1,048	91,574.08	87.38	.058	130.26	5.11
ROOM USE	1,235	1,977	84,128.10	42.55	.110	68.12	4.70
CROSSOVERS/ALL OTH OUTPTNT	1,555	7,225	157,178.67	21.75	.403	101.08	8.77
@COUNTY HOSPITAL TOTAL	11	148	\$ 107,978.30	\$ 729.58	.008	\$ 9816.21	\$ 6.03
CO HOSPITAL INPATIENT TOTAL	1	98	106,384.78	1085.56	.005	106384.78	5.94
HSC HOSPITALS	1	53	71,656.00	1352.00	.003	71656.00	4.00
NON-HSC HOSPITALS TOTAL	1	45	34,728.78	771.75	.003	34728.78	1.94
ACCOMMODATIONS	1	45	10,408.50	231.30	.003	10408.50	.58
ADMINISTRATIVE DAYS	1	45	10,408.50	231.30	.003	10408.50	.58
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	24,320.28	.00	.000	24320.28	1.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	50	1,593.52	31.87	.003	159.35	.09
MEDICAL	3	4	329.50	82.38	.000	109.83	.02
SURGERY	1	1	11.25	11.25	.000	11.25	.00
PATHOLOGY	3	15	202.41	13.49	.001	67.47	.01
RADIOLOGY	3	5	100.79	20.16	.000	33.60	.01
ROOM USE	6	12	562.26	46.86	.001	93.71	.03
CROSSOVERS/ALL OTH OUTPTNT	7	13	387.31	29.79	.001	55.33	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,595
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
17,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,112	17,380	\$ 1,810,984.73	\$ 104.20	.970	\$ 581.94	\$ 101.07	
COMM HOSP INPATIENT TOTAL	285	1,585	1,388,529.11	876.04	.088	4872.03	77.49	
HSC HOSPITALS	35	329	391,532.28	1190.07	.018	11186.64	21.85	
NON-HSC HOSPITALS TOTAL	149	643	919,930.36	1430.68	.036	6174.03	51.34	
ACCOMMODATIONS	148	643	256,780.95	399.35	.036	1735.01	14.33	
ADMINISTRATIVE DAYS	7	100	35,971.04	359.71	.006	5138.72	2.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	144	543	220,809.91	406.65	.030	1533.40	12.32	
ANCILLARIES	149	0	663,149.41	.00	.000	4450.67	37.01	
INPATIENT CROSSOVERS	109	613	77,066.47	125.72	.034	707.03	4.30	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,944	15,795	422,455.62	26.75	.882	143.50	23.58	
MEDICAL	405	592	22,971.24	38.80	.033	56.72	1.28	
SURGERY	233	251	8,837.34	35.21	.014	37.93	.49	
PATHOLOGY	1,149	4,732	58,816.55	12.43	.264	51.19	3.28	
RADIOLOGY	701	1,043	91,473.29	87.70	.058	130.49	5.11	
ROOM USE	1,230	1,965	83,565.84	42.53	.110	67.94	4.66	
CROSSOVERS/ALL OTH OUTPTNT	1,548	7,212	156,791.36	21.74	.403	101.29	8.75	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	156	4,076	\$ 516,711.86	\$ 126.77	.227	\$ 3312.26	\$ 28.84	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	156	4,076	516,711.86	126.77	.227	3312.26	28.84
@INTERMEDIATE CARE FACIL.-DD	23	734	\$ 104,609.06	\$ 142.52	.041	\$ 4548.22	\$ 5.84
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	15	590	76,022.55	128.85	.033	5068.17	4.24
ICF DDN/DDCN	8	144	28,586.51	198.52	.008	3573.31	1.60
@HEMODIALYSIS TOTAL	136	2,830	\$ 135,534.06	\$ 47.89	.158	\$ 996.57	\$ 7.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	136	2,830	135,534.06	47.89	.158	996.57	7.56
@REHABILITATION FACILITY	39	551	\$ 7,452.03	\$ 13.52	.031	\$ 191.08	\$.42
HOSPITAL BASED	4	7	488.96	69.85	.000	122.24	.03
INDEPENDENT FACILITY	35	544	6,963.07	12.80	.030	198.94	.39
@LABORATORY FACILITY	379	1,713	\$ 22,535.09	\$ 13.16	.096	\$ 59.46	\$ 1.26
PATHOLOGY	374	1,651	22,505.97	13.63	.092	60.18	1.26
XO AND OTHERS	5	62	29.12	.47	.003	5.82	.00
@ORGANIZED OUTPATIENT CLINIC	1,139	2,025	\$ 214,446.67	\$ 105.90	.113	\$ 188.28	\$ 11.97
CLINIC	53	108	2,546.71	23.58	.006	48.05	.14
SURGICENTER	7	19	1,161.92	61.15	.001	165.99	.06
HEROIN DETOX CLINIC	2	7	102.20	14.60	.000	51.10	.01
RURAL HEALTH CLINIC	1,085	1,891	210,635.84	111.39	.106	194.13	11.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED						

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17,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,218	185,880	\$ 828,468.69	\$ 4.46	10.374	\$ 373.52	\$ 46.24
DURABLE MED. EQUIP.	317	1,062	151,023.84	142.21	.059	476.42	8.43
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	38	7,904.45	208.01	.002	282.30	.44
MEDICAL TRANSPORTATION	224	3,611	45,031.27	12.47	.202	201.03	2.51
AMBULANCES/AIR TRANS	171	2,015	37,450.97	18.59	.112	219.01	2.09
OTHER TRANS	13	355	771.25	2.17	.020	59.33	.04
OTHER SERVICES	45	1,241	6,809.05	5.49	.069	151.31	.38
ACUPUNCTURE	2	5	81.10	16.22	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	141	1,822	119,769.82	65.74	.102	849.43	6.68
GENETIC DISEASE TESTING	3	3	188.00	62.67	.000	62.67	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	47	4,584	143,309.62	31.26	.256	3049.14	8.00
OCCUPATIONAL THERAPIST	3	33	152.56	4.62	.002	50.85	.01
OPTICIAN	340	772	8,382.37	10.86	.043	24.65	.47
PHYSICAL THERAPIST	7	21	427.26	20.35	.001	61.04	.02
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	84	279	29,945.89	107.33	.016	356.50	1.67
PROSTHETICS	74	267	29,529.51	110.60	.015	399.05	1.65
ORTHOTICS	10	12	416.38	34.70	.001	41.64	.02
PSYCHOLOGIST	5	9	206.49	22.94	.001	41.30	.01
SPEECH AND AUDIOLOGY	76	243	19,548.89	80.45	.014	257.22	1.09
HOSPICE SERVICES	20	571	67,355.86	117.96	.032	3367.79	3.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	365	25,457	111,810.48	4.39	1.421	306.33	6.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	753	147,368		123,232.53		.84	8.225	163.66	6.88
@CALIF. CHILDREN SERVICES*	254	4,207	\$	192,191.80	\$	45.68	.235	\$ 756.66	\$ 10.73
@XOVER EXCLUDING STATE HOSP**	2,105	27,534	\$	346,897.83	\$	12.60	1.537	\$ 164.80	\$ 19.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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NEVADA COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	7,167	38,092	\$ 1,766,214.44	\$ 46.37	2.712	\$ 246.44	\$ 125.75	
@PHYSICIANS SERVICES	3,395	7,829	\$ 278,370.01	\$ 35.56	.557	\$ 81.99	\$ 19.82	
OUTPATIENT VISITS	2,895	4,156	135,230.22	32.54	.296	46.71	9.63	
OFFICE VISITS	2,124	2,794	83,766.77	29.98	.199	39.44	5.96	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	955	1,222	46,250.32	37.85	.087	48.43	3.29	
PREVENTIVE CARE	8	9	404.77	44.97	.001	50.60	.03	
OB VISITS/COMPRE PERI	17	53	2,461.91	46.45	.004	144.82	.18	
OTHER OUTPATIENT	63	78	2,346.45	30.08	.006	37.25	.17	
INPATIENT VISITS	98	315	22,876.22	72.62	.022	233.43	1.63	
HOSPITAL VISITS	93	236	11,636.38	49.31	.017	125.12	.83	
CRITICAL CARE	14	79	11,239.84	142.28	.006	802.85	.80	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	40	41	2,009.06	49.00	.003	50.23	.14	
EXAMINATIONS	40	41	2,009.06	49.00	.003	50.23	.14	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	78	375	43,108.20	114.96	.027	552.67	3.07	
PRINCIPAL SURGEON	51	71	36,185.12	509.65	.005	709.51	2.58	
ASSISTANT SURGEON	2	2	348.64	174.32	.000	174.32	.02	
ANESTHESIOLOGIST	37	302	6,574.44	21.77	.022	177.69	.47	

OUTPATIENT SURGERY	250	511		27,916.59	54.63	.036	111.67	1.99
PRINCIPAL SURGEON	227	295		23,151.31	78.48	.021	101.99	1.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	34	216		4,765.28	22.06	.015	140.16	.34
DIALYSIS	1	1		42.45	42.45	.000	42.45	.00
PATHOLOGY	393	517		6,319.50	12.22	.037	16.08	.45
RADIOLOGY	612	957		25,778.21	26.94	.068	42.12	1.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	84	120		2,651.45	22.10	.009	31.56	.19
OTHER SERVICES/ALL X-OVERS	286	836		12,438.11	14.88	.060	43.49	.89
@PHARMACY	3,403	10,597	\$	434,848.73	\$ 41.04	.754	\$ 127.78	\$ 30.96
PRESCRIPTION DRUGS	3,367	7,483		419,404.89	56.05	.533	124.56	29.86
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3,367	7,483		419,404.89	56.05	.533	124.56	29.86
MEDICAL SUPPLIES	84	3,114		15,443.84	4.96	.222	183.86	1.10
@DENTIST	835	3,495	\$	113,942.05	\$ 32.60	.249	\$ 136.46	\$ 8.11
VISITS - DIAGNOSTIC	617	2,232		38,845.60	17.40	.159	62.96	2.77
ORAL SURGERY	94	290		14,786.25	50.99	.021	157.30	1.05
DRUGS	70	77		1,630.00	21.17	.005	23.29	.12
ANESTHESIA	10	11		1,100.00	100.00	.001	110.00	.08
PERIODONTICS	3	3		310.00	103.33	.000	103.33	.02
ENDODONTICS	50	81		9,336.00	115.26	.006	186.72	.66
RESTORATIVE DENTISTRY	301	744		41,350.20	55.58	.053	137.38	2.94
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	12	27		4,714.00	174.59	.002	392.83	.34
SPACE MAINTAINERS	9	10		1,200.00	120.00	.001	133.33	.09
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	11		465.00	42.27	.001	42.27	.03
ALL OTHER SERVICES	7	7		145.00	20.71	.000	20.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,598
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NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

14,046 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	170	482	\$	11,399.68	\$ 23.65	.034	\$ 67.06	\$.81
DIAGNOSTIC AND ANC. PROCED	127	127		6,006.80	47.30	.009	47.30	.43
EYE APPLIANCES	129	353		5,324.27	15.08	.025	41.27	.38
OTHER OPTOMETRIC SERVICES	2	2		68.61	34.31	.000	34.31	.00
@CHIROPRACTOR	49	76	\$	1,270.72	\$ 16.72	.005	\$ 25.93	\$.09
VISITS	49	76		1,270.72	16.72	.005	25.93	.09
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	10	13	\$	374.77	\$ 28.83	.001	\$ 37.48	\$.03
MEDICINE/INJECTIONS	9	9		314.77	34.97	.001	34.97	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	4	4		60.00	15.00	.000	15.00	.00
@HOME HEALTH AGENCY	10	138	\$	5,752.76	\$ 41.69	.010	\$ 575.28	\$.41
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	13	\$	2,506.12	\$ 192.78	.001	\$ 835.37	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	84	99	\$	2,477.97	\$ 25.03	.007	\$ 29.50	\$.18
@TOTAL HOSPITAL	1,758	7,326	\$	670,743.06	\$ 91.56	.522	\$ 381.54	\$ 47.75
HOSP INPATIENT TOTAL	105	406		480,402.22	1183.26	.029	4575.26	34.20
HSC HOSPITALS	29	167		215,681.01	1291.50	.012	7437.28	15.36

NON-HSC HOSPITAL TOTAL	76	235	263,909.21	1123.02	.017	3472.49	18.79
ACCOMMODATIONS	76	235	77,129.20	328.21	.017	1014.86	5.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	235	77,129.20	328.21	.017	1014.86	5.49
ANCILLARIES	76	0	186,780.01	.00	.000	2457.63	13.30
INPATIENT CROSSOVERS	1	4	812.00	203.00	.000	812.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,710	6,920	190,340.84	27.51	.493	111.31	13.55
MEDICAL	156	183	5,203.74	28.44	.013	33.36	.37
SURGERY	216	235	5,730.46	24.38	.017	26.53	.41
PATHOLOGY	581	2,128	25,393.40	11.93	.152	43.71	1.81
RADIOLOGY	494	686	43,715.08	63.72	.049	88.49	3.11
ROOM USE	1,253	1,766	70,490.27	39.92	.126	56.26	5.02
CROSSOVERS/ALL OTH OUTPTNT	706	1,922	39,807.89	20.71	.137	56.39	2.83
@COUNTY HOSPITAL TOTAL	1	1	\$ 94.31	\$ 94.31	.000	\$ 94.31	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	94.31	94.31	.000	94.31	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	8.08	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	86.23	86.23	.000	86.23	.01

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NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,757	7,325	\$ 670,648.75	\$ 91.56	.522	\$ 381.70	\$ 47.75	
COMM HOSP INPATIENT TOTAL	105	406	480,402.22	1183.26	.029	4575.26	34.20	
HSC HOSPITALS	29	167	215,681.01	1291.50	.012	7437.28	15.36	
NON-HSC HOSPITALS TOTAL	76	235	263,909.21	1123.02	.017	3472.49	18.79	
ACCOMMODATIONS	76	235	77,129.20	328.21	.017	1014.86	5.49	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	76	235	77,129.20	328.21	.017	1014.86	5.49	
ANCILLARIES	76	0	186,780.01	.00	.000	2457.63	13.30	
INPATIENT CROSSOVERS	1	4	812.00	203.00	.000	812.00	.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,709	6,919	190,246.53	27.50	.493	111.32	13.54	
MEDICAL	156	183	5,203.74	28.44	.013	33.36	.37	
SURGERY	216	235	5,730.46	24.38	.017	26.53	.41	
PATHOLOGY	581	2,128	25,393.40	11.93	.152	43.71	1.81	
RADIOLOGY	494	686	43,715.08	63.72	.049	88.49	3.11	
ROOM USE	1,253	1,766	70,482.19	39.91	.126	56.25	5.02	

CROSSTOVERS/ALL OTH OUTPTNT	705	1,921		39,721.66		20.68	.137	56.34	2.83
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	51	\$	392.55	\$	7.70	.004	\$ 392.55	\$.03
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	51		392.55		7.70	.004	392.55	.03
@REHABILITATION FACILITY	3	43	\$	595.91	\$	13.86	.003	\$ 198.64	\$.04
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	3	43		595.91		13.86	.003	198.64	.04
@LABORATORY FACILITY	247	620	\$	11,076.08	\$	17.86	.044	\$ 44.84	\$.79
PATHOLOGY	247	620		11,076.08		17.86	.044	44.84	.79
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	735	1,376	\$	157,708.45	\$	114.61	.098	\$ 214.57	\$ 11.23
CLINIC	157	480		11,988.85		24.98	.034	76.36	.85
SURGICENTER	2	7		257.21		36.74	.000	128.61	.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	586	889		145,462.39		163.62	.063	248.23	10.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

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14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	914	5,934	\$ 74,755.58	\$ 12.60	.422	\$ 81.79	\$ 5.32
DURABLE MED. EQUIP.	27	35	1,704.15	48.69	.002	63.12	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	733	21,573.35	29.43	.052	399.51	1.54
AMBULANCES/AIR TRANS	54	728	12,573.35	17.27	.052	232.84	.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	9,000.00	1800.00	.000	1800.00	.64
ACUPUNCTURE	3	4	86.50	21.63	.000	28.83	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	1,525.00	66.30	.002	66.30	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	154	333	2,909.69	8.74	.024	18.89	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	51	3,616.56	70.91	.004	212.74	.26
PROSTHETICS	13	46	3,459.60	75.21	.003	266.12	.25
ORTHOTICS	4	5	156.96	31.39	.000	39.24	.01
PSYCHOLOGIST	1	6	455.76	75.96	.000	455.76	.03
SPEECH AND AUDIOLOGY	15	59	5,714.34	96.85	.004	380.96	.41

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	630	4,637	36,010.34	7.77	.330	57.16	2.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	53	1,159.89	21.88	.004	231.98	.08
@CALIF. CHILDREN SERVICES*	75	876	\$ 169,085.71	\$ 193.02	.062	\$ 2254.48	\$ 12.04
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 939.29	\$ 134.18	.000	\$ 187.86	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,601
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE	

36,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,215	458,913	\$ 13,501,332.63	\$ 29.42	12.449	\$ 557.56	\$ 366.25
@PHYSICIANS SERVICES	8,463	26,663	\$ 834,187.96	\$ 31.29	.723	\$ 98.57	\$ 22.63
OUTPATIENT VISITS	5,637	8,644	294,645.47	34.09	.234	52.27	7.99
OFFICE VISITS	4,189	5,827	175,535.80	30.12	.158	41.90	4.76
HOME VISITS	5	6	337.49	56.25	.000	67.50	.01
EMERGENCY ROOM	1,809	2,471	107,414.70	43.47	.067	59.38	2.91
PREVENTIVE CARE	8	9	404.77	44.97	.000	50.60	.01
OB VISITS/COMPRE PERI	18	55	2,648.22	48.15	.001	147.12	.07
OTHER OUTPATIENT	245	276	8,304.49	30.09	.007	33.90	.23
INPATIENT VISITS	336	1,459	67,793.21	46.47	.040	201.77	1.84
HOSPITAL VISITS	279	1,284	51,642.39	40.22	.035	185.10	1.40
CRITICAL CARE	26	106	14,020.92	132.27	.003	539.27	.38
SNF/ICF/TRANS IP CARE	52	69	2,129.90	30.87	.002	40.96	.06
OPHTHALMOLOGICAL SERVICES	128	139	6,283.16	45.20	.004	49.09	.17
EXAMINATIONS	128	139	6,283.16	45.20	.004	49.09	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	176	1,015	110,384.65	108.75	.028	627.19	2.99
PRINCIPAL SURGEON	126	184	87,907.39	477.76	.005	697.68	2.38
ASSISTANT SURGEON	13	13	3,834.83	294.99	.000	294.99	.10
ANESTHESIOLOGIST	72	818	18,642.43	22.79	.022	258.92	.51
OUTPATIENT SURGERY	595	1,356	90,844.79	66.99	.037	152.68	2.46
PRINCIPAL SURGEON	517	665	74,046.42	111.35	.018	143.22	2.01
ASSISTANT SURGEON	4	4	598.66	149.67	.000	149.67	.02
ANESTHESIOLOGIST	108	687	16,199.71	23.58	.019	150.00	.44
DIALYSIS	29	112	8,092.22	72.25	.003	279.04	.22
PATHOLOGY	734	1,123	18,075.83	16.10	.030	24.63	.49
RADIOLOGY	1,535	2,604	78,467.45	30.13	.071	51.12	2.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	227	442	6,366.37	14.40	.012	28.05	.17
OTHER SERVICES/ALL X-OVERS	2,633	9,769	153,234.81	15.69	.265	58.20	4.16
@PHARMACY	17,551	157,121	\$ 6,704,921.52	\$ 42.67	4.262	\$ 382.03	\$ 181.88
PRESCRIPTION DRUGS	17,398	68,562	6,556,414.74	95.63	1.860	376.85	177.85
SNF/ICF	378	2,395	195,856.81	81.78	.065	518.14	5.31
OUTPATIENTS	17,102	66,167	6,360,557.93	96.13	1.795	371.92	172.54
MEDICAL SUPPLIES	969	88,559	148,506.78	1.68	2.402	153.26	4.03
@DENTIST	1,993	7,728	\$ 306,131.71	\$ 39.61	.210	\$ 153.60	\$ 8.30
VISITS - DIAGNOSTIC	1,394	4,667	78,473.69	16.81	.127	56.29	2.13
ORAL SURGERY	263	873	40,476.62	46.36	.024	153.90	1.10

DRUGS	84	91	1,880.00	20.66	.002	22.38	.05
ANESTHESIA	19	20	2,000.00	100.00	.001	105.26	.05
PERIODONTICS	35	50	8,695.00	173.90	.001	248.43	.24
ENDODONTICS	95	145	23,551.00	162.42	.004	247.91	.64
RESTORATIVE DENTISTRY	647	1,554	103,390.70	66.53	.042	159.80	2.80
PROSTHETICS	17	16	379.00	23.69	.000	22.29	.01
DENTURES, STAYPLATES	135	271	44,439.51	163.98	.007	329.18	1.21
SPACE MAINTAINERS	13	14	1,800.00	128.57	.000	138.46	.05
MAXILLOFACIAL SERVICES	3	3	366.19	122.06	.000	122.06	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	13	13	535.00	41.15	.000	41.15	.01
ALL OTHER SERVICES	11	11	145.00	13.18	.000	13.18	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,602
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

	36,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	578	1,603	\$	34,340.22	\$ 21.42	.043	\$ 59.41	\$.93
DIAGNOSTIC AND ANC. PROCED	269	273		12,594.26	46.13	.007	46.82	.34
EYE APPLIANCES	433	1,219		19,304.78	15.84	.033	44.58	.52
OTHER OPTOMETRIC SERVICES	88	111		2,441.18	21.99	.003	27.74	.07
@CHIROPRACTOR	151	245	\$	3,976.78	\$ 16.23	.007	\$ 26.34	\$.11
VISITS	134	215		3,590.62	16.70	.006	26.80	.10
OTHER SERVICES	17	30		386.16	12.87	.001	22.72	.01
@PODIATRIST	253	355	\$	5,293.99	\$ 14.91	.010	\$ 20.92	\$.14
MEDICINE/INJECTIONS	68	75		1,968.92	26.25	.002	28.95	.05
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		13.00	13.00	.000	13.00	.00
OTHER	193	279		3,312.07	11.87	.008	17.16	.09
@HOME HEALTH AGENCY	109	3,457	\$	123,993.91	\$ 35.87	.094	\$ 1137.56	\$ 3.36
NURSE ANESTHESIST	10	124	\$	333.71	\$ 2.69	.003	\$ 33.37	\$.01

NURSE MIDWIFE	4	15	\$	2,637.70	\$	175.85	.000	\$	659.43	\$	.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	159	192	\$	4,719.30	\$	24.58	.005	\$	29.68	\$	.13
@TOTAL HOSPITAL	5,480	27,998	\$	2,788,070.47	\$	99.58	.759	\$	508.77	\$	75.63	
HOSP INPATIENT TOTAL	490	2,590		2,118,550.97		817.97	.070		4323.57		57.47	
HSC HOSPITALS	66	557		688,484.29		1236.06	.015		10431.58		18.68	
NON-HSC HOSPITAL TOTAL	234	994		1,290,282.79		1298.07	.027		5514.03		35.00	
ACCOMMODATIONS	233	994		373,351.95		375.61	.027		1602.37		10.13	
ADMINISTRATIVE DAYS	9	148		47,045.40		317.87	.004		5227.27		1.28	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	228	846		326,306.55		385.71	.023		1431.17		8.85	
ANCILLARIES	234	0		916,930.84		.00	.000		3918.51		24.87	
INPATIENT CROSSOVERS	200	1,039		139,783.89		134.54	.028		698.92		3.79	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	5,180	25,408		669,519.50		26.35	.689		129.25		18.16	
MEDICAL	573	791		29,099.67		36.79	.021		50.78		.79	
SURGERY	457	494		14,704.00		29.77	.013		32.18		.40	
PATHOLOGY	1,767	7,017		86,347.60		12.31	.190		48.87		2.34	
RADIOLOGY	1,219	1,766		136,536.60		77.31	.048		112.01		3.70	
ROOM USE	2,529	3,795		156,650.43		41.28	.103		61.94		4.25	
CROSSOVERS/ALL OTH OUTPTNT	2,731	11,545		246,181.20		21.32	.313		90.14		6.68	
@COUNTY HOSPITAL TOTAL	12	149	\$	108,072.61	\$	725.32	.004	\$	9006.05	\$	2.93	
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78		1085.56	.003		106384.78		2.89	
HSC HOSPITALS	1	53		71,656.00		1352.00	.001		71656.00		1.94	
NON-HSC HOSPITALS TOTAL	1	45		34,728.78		771.75	.001		34728.78		.94	
ACCOMMODATIONS	1	45		10,408.50		231.30	.001		10408.50		.28	
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.001		10408.50		.28	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	1	0		24,320.28		.00	.000		24320.28		.66	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	11	51		1,687.83		33.09	.001		153.44		.05	
MEDICAL	3	4		329.50		82.38	.000		109.83		.01	
SURGERY	1	1		11.25		11.25	.000		11.25		.00	
PATHOLOGY	3	15		202.41		13.49	.000		67.47		.01	
RADIOLOGY	3	5		100.79		20.16	.000		33.60		.00	
ROOM USE	6	12		570.34		47.53	.000		95.06		.02	
CROSSOVERS/ALL OTH OUTPTNT	8	14		473.54		33.82	.000		59.19		.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE	8,603
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE											

					----- MONTHLY AVERAGE -----			
36,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,472	27,849	\$ 2,679,997.86	\$ 96.23	.755	\$ 489.77	\$ 72.70	
COMM HOSP INPATIENT TOTAL	489	2,492	2,012,166.19	807.45	.068	4114.86	54.58	
HSC HOSPITALS	65	504	616,828.29	1223.87	.014	9489.67	16.73	
NON-HSC HOSPITALS TOTAL	233	949	1,255,554.01	1323.03	.026	5388.64	34.06	
ACCOMMODATIONS	232	949	362,943.45	382.45	.026	1564.41	9.85	
ADMINISTRATIVE DAYS	8	103	36,636.90	355.70	.003	4579.61	.99	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	228	846	326,306.55	385.71	.023	1431.17	8.85	
ANCILLARIES	233	0	892,610.56	.00	.000	3830.95	24.21	
INPATIENT CROSSOVERS	200	1,039	139,783.89	134.54	.028	698.92	3.79	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	5,173	25,357		667,831.67		26.34	.688	129.10	18.12
MEDICAL	571	787		28,770.17		36.56	.021	50.39	.78
SURGERY	456	493		14,692.75		29.80	.013	32.22	.40
PATHOLOGY	1,764	7,002		86,145.19		12.30	.190	48.84	2.34
RADIOLOGY	1,217	1,761		136,435.81		77.48	.048	112.11	3.70
ROOM USE	2,524	3,783		156,080.09		41.26	.103	61.84	4.23
CROSSOVERS/ALL OTH OUTPTNT	2,723	11,531		245,707.66		21.31	.313	90.23	6.67
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	270	6,304	\$	864,153.41	\$	137.08	.171	3200.57	23.44
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	270	6,304		864,153.41		137.08	.171	3200.57	23.44
@INTERMEDIATE CARE FACIL.-DD	23	734	\$	104,609.06	\$	142.52	.020	4548.22	2.84
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	15	590		76,022.55		128.85	.016	5068.17	2.06
ICF DDN/DDCN	8	144		28,586.51		198.52	.004	3573.31	.78
@HEMODIALYSIS TOTAL	188	3,232	\$	168,483.84	\$	52.13	.088	896.19	4.57
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	188	3,232		168,483.84		52.13	.088	896.19	4.57
@REHABILITATION FACILITY	55	699	\$	9,666.43	\$	13.83	.019	175.75	.26
HOSPITAL BASED	5	8		523.52		65.44	.000	104.70	.01
INDEPENDENT FACILITY	50	691		9,142.91		13.23	.019	182.86	.25
@LABORATORY FACILITY	634	2,383	\$	34,511.67	\$	14.48	.065	54.43	.94
PATHOLOGY	627	2,319		34,453.15		14.86	.063	54.95	.93
XO AND OTHERS	7	64		58.52		.91	.002	8.36	.00
@ORGANIZED OUTPATIENT CLINIC	1,983	3,620	\$	396,928.02	\$	109.65	.098	200.17	10.77
CLINIC	210	588		14,535.56		24.72	.016	69.22	.39
SURGICENTER	17	36		3,413.13		94.81	.001	200.77	.09
HEROIN DETOX CLINIC	2	7		102.20		14.60	.000	51.10	.00
RURAL HEALTH CLINIC	1,772	2,989		378,877.13		126.76	.081	213.81	10.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,604
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
36,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,001	216,440	\$ 1,114,372.93	\$ 5.15	5.871	\$ 278.52	\$ 30.23	
DURABLE MED. EQUIP.	369	1,186	160,299.49	135.16	.032	434.42	4.35	
BLOOD BANK	0	0	38.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	63	86	14,698.69	170.92	.002	233.31	.40	
MEDICAL TRANSPORTATION	307	4,827	71,205.24	14.75	.131	231.94	1.93	
AMBULANCES/AIR TRANS	230	2,823	51,550.24	18.26	.077	224.13	1.40	
OTHER TRANS	19	439	998.52	2.27	.012	52.55	.03	
OTHER SERVICES	69	1,565	18,656.48	11.92	.042	270.38	.51	
ACUPUNCTURE	7	27	394.70	14.62	.001	56.39	.01	
ADULT DAY HEALTH CARE CTR	266	3,456	228,476.64	66.11	.094	858.93	6.20	
GENETIC DISEASE TESTING	26	26	1,713.00	65.88	.001	65.88	.05	
IHMC,MODEL-NF,NF,AIDS,MSSP	47	4,584	143,309.62	31.26	.124	3049.14	3.89	
OCCUPATIONAL THERAPIST	3	33	152.56	4.62	.001	50.85	.00	
OPTICIAN	569	1,265	13,236.86	10.46	.034	23.26	.36	
PHYSICAL THERAPIST	7	21	427.26	20.35	.001	61.04	.01	

PORTABLE X-RAY	2	3	60.91	20.30	.000	30.46	.00
PROSTHETIST/ORTHOTISTS	127	394	35,850.10	90.99	.011	282.28	.97
PROSTHETICS	113	377	35,276.76	93.57	.010	312.18	.96
ORTHOTICS	14	17	573.34	33.73	.000	40.95	.02
PSYCHOLOGIST	7	17	669.41	39.38	.000	95.63	.02
SPEECH AND AUDIOLOGY	96	307	25,375.43	82.66	.008	264.33	.69
HOSPICE SERVICES	22	580	68,334.50	117.82	.016	3106.11	1.85
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,037	37,147	180,389.92	4.86	1.008	173.95	4.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,339	162,481	169,740.60	1.04	4.408	126.77	4.60
@CALIF. CHILDREN SERVICES*	361	5,708	\$ 378,703.85	\$ 66.35	.155	\$ 1049.04	\$ 10.27
@XOVER EXCLUDING STATE HOSP**	3,690	38,898	\$ 624,811.95	\$ 16.06	1.055	\$ 169.33	\$ 16.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,605
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

	2,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,981	14,132	\$	768,390.58	\$ 54.37	5.130	\$ 387.88	\$ 278.91
@PHYSICIANS SERVICES	340	929	\$	17,926.92	\$ 19.30	.337	\$ 52.73	\$ 6.51
OUTPATIENT VISITS	21	32		1,085.99	33.94	.012	51.71	.39
OFFICE VISITS	18	28		761.81	27.21	.010	42.32	.28
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		324.18	81.05	.001	81.05	.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	6	24		1,115.26	46.47	.009	185.88	.40
HOSPITAL VISITS	6	24		1,115.26	46.47	.009	185.88	.40
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		139.24	139.24	.000	139.24	.05
PRINCIPAL SURGEON	1	1		139.24	139.24	.000	139.24	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	28		65.17	2.33	.010	9.31	.02
RADIOLOGY	5	14		265.29	18.95	.005	53.06	.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	321	830		15,255.97	18.38	.301	47.53	5.54
@PHARMACY	1,676	7,634	\$	378,125.67	\$ 49.53	2.771	\$ 225.61	\$ 137.25
PRESCRIPTION DRUGS	1,662	6,318		372,707.91	58.99	2.293	224.25	135.28

SNF/ICF	89	500	23,701.99	47.40	.181	266.31	8.60
OUTPATIENTS	1,592	5,818	349,005.92	59.99	2.112	219.22	126.68
MEDICAL SUPPLIES	72	1,316	5,417.76	4.12	.478	75.25	1.97
@DENTIST	102	363	\$ 19,465.75	\$ 53.62	.132	\$ 190.84	\$ 7.07
VISITS - DIAGNOSTIC	64	180	2,707.00	15.04	.065	42.30	.98
ORAL SURGERY	13	78	3,186.00	40.85	.028	245.08	1.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.07
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.07
ENDODONTICS	3	4	950.00	237.50	.001	316.67	.34
RESTORATIVE DENTISTRY	23	56	4,436.75	79.23	.020	192.90	1.61
PROSTHETICS	4	4	90.00	22.50	.001	22.50	.03
DENTURES, STAYPLATES	20	38	7,696.00	202.53	.014	384.80	2.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

PAGE 8,606 01/17/03

2,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	39	90	\$ 1,629.08	\$ 18.10	.033	\$ 41.77	\$.59
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.02
EYE APPLIANCES	24	64	1,124.61	17.57	.023	46.86	.41
OTHER OPTOMETRIC SERVICES	16	25	457.02	18.28	.009	28.56	.17
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	29	41	\$ 378.81	\$ 9.24	.015	\$ 13.06	\$.14
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	29	41	378.81	9.24	.015	13.06	.14
@HOME HEALTH AGENCY	2	8	\$ 524.05	\$ 65.51	.003	\$ 262.03	\$.19
NURSE ANESTHESIST	1	28	59.82	2.14	.010	59.82	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	5.82	.00	.000	.00	.00
@TOTAL HOSPITAL	242	1,354	\$ 81,263.81	\$ 60.02	.491	\$ 335.80	\$ 29.50
HOSP INPATIENT TOTAL	43	210	51,693.64	246.16	.076	1202.18	18.76
HSC HOSPITALS	1	6	5,700.00	950.00	.002	5700.00	2.07
NON-HSC HOSPITAL TOTAL	2	7	15,014.90	2144.99	.003	7507.45	5.45
ACCOMMODATIONS	2	7	3,206.79	458.11	.003	1603.40	1.16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,206.79	458.11	.003	1603.40	1.16
ANCILLARIES	2	0	11,808.11	.00	.000	5904.06	4.29
INPATIENT CROSSOVERS	41	197	30,978.74	157.25	.072	755.58	11.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	208	1,144	29,570.17	25.85	.415	142.16	10.73
MEDICAL	4	9	837.12	93.01	.003	209.28	.30
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	48	564.00	11.75	.017	80.57	.20

RADIOLOGY	6	9	1,367.85	151.98	.003	227.98	.50
ROOM USE	5	5	195.14	39.03	.002	39.03	.07
CROSSOVERS/ALL OTH OUTPTNT	200	1,073	26,606.06	24.80	.389	133.03	9.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

					----- MONTHLY AVERAGE -----			
2,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	242	1,354	\$ 81,263.81	\$ 60.02	.491	\$ 335.80	\$ 29.50	
COMM HOSP INPATIENT TOTAL	43	210	51,693.64	246.16	.076	1202.18	18.76	
HSC HOSPITALS	1	6	5,700.00	950.00	.002	5700.00	2.07	
NON-HSC HOSPITALS TOTAL	2	7	15,014.90	2144.99	.003	7507.45	5.45	
ACCOMMODATIONS	2	7	3,206.79	458.11	.003	1603.40	1.16	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,206.79	458.11	.003	1603.40	1.16
ANCILLARIES	2	0	11,808.11	.00	.000	5904.06	4.29
INPATIENT CROSSOVERS	41	197	30,978.74	157.25	.072	755.58	11.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	208	1,144	29,570.17	25.85	.415	142.16	10.73
MEDICAL	4	9	837.12	93.01	.003	209.28	.30
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	48	564.00	11.75	.017	80.57	.20
RADIOLOGY	6	9	1,367.85	151.98	.003	227.98	.50
ROOM USE	5	5	195.14	39.03	.002	39.03	.07
CROSSOVERS/ALL OTH OUTPTNT	200	1,073	26,606.06	24.80	.389	133.03	9.66
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	87	1,533	205,726.51	134.20	.556	2364.67	74.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	87	1,533	205,726.51	134.20	.556	2364.67	74.67
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	129.38	43.13	.001	43.13	.05
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	3	3	129.38	43.13	.001	43.13	.05
@ORGANIZED OUTPATIENT CLINIC	62	114	11,915.07	104.52	.041	192.18	4.32
CLINIC	1	1	8.08	8.08	.000	8.08	.00
SURGICENTER	2	2	399.76	199.88	.001	199.88	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	59	111	11,507.23	103.67	.040	195.04	4.18

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

PAGE 8,608 01/17/03

	2,755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	277	2,035	\$	51,239.89	\$ 25.18	.739	\$ 184.98	\$ 18.60
DURABLE MED. EQUIP.	11	34		2,707.57	79.63	.012	246.14	.98
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	20		7,062.89	353.14	.007	543.30	2.56
MEDICAL TRANSPORTATION	14	425		1,169.10	2.75	.154	83.51	.42
AMBULANCES/AIR TRANS	4	12		325.84	27.15	.004	81.46	.12
OTHER TRANS	5	130		286.13	2.20	.047	57.23	.10
OTHER SERVICES	5	283		557.13	1.97	.103	111.43	.20
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	33	386	25,842.78	66.95	.140	783.11	9.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	98	1,289.06	13.15	.036	30.69	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.50	.83	.001	2.50	.00
PROSTHETIST/ORTHOTISTS	4	9	199.14	22.13	.003	49.79	.07
PROSTHETICS	4	9	199.14	22.13	.003	49.79	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	10	1,029.49	102.95	.004	128.69	.37
HOSPICE SERVICES	3	36	3,884.12	107.89	.013	1294.71	1.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	1,014	8,053.24	7.94	.368	50.65	2.92
@CALIF. CHILDREN SERVICES*	0	3CR	\$ 68.52CR	\$ 22.84	.001CR\$	.00	\$.02CR
@XOVER EXCLUDING STATE HOSP**	683	3,110	\$ 111,768.72	\$ 35.94	1.129	\$ 163.64	\$ 40.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,609
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	136	\$ 11,852.86	\$ 87.15	7.556	\$ 1975.48	\$ 658.49
@PHYSICIANS SERVICES	1	2	\$ 68.35	\$ 34.18	.111	\$ 68.35	\$ 3.80
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		68.35		34.18	.111	68.35	3.80
@PHARMACY	5	36	\$	1,730.60	\$	48.07	2.000	346.12	96.14
PRESCRIPTION DRUGS	5	36		1,730.60		48.07	2.000	346.12	96.14
SNF/ICF	3	26		965.76		37.14	1.444	321.92	53.65
OUTPATIENTS	2	10		764.84		76.48	.556	382.42	42.49
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	5	\$	44.00	\$	8.80	.278	44.00	2.44
VISITS - DIAGNOSTIC	1	5		44.00		8.80	.278	44.00	2.44
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,610
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
				AID CODE 24		----- MONTHLY AVERAGE -----			
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	1 \$	5.80	\$ 5.80	.056	\$ 5.80	\$.32		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	1	1	5.80	5.80	.056	5.80	.32		
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	1	9 \$	49.82	\$ 5.54	.500	\$ 49.82	\$ 2.77		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	9	49.82	5.54	.500	49.82	2.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9	49.82	5.54	.500	49.82	2.77
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,611
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	9	\$ 49.82	\$ 5.54	.500	\$ 49.82	\$ 2.77
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	9	49.82	5.54	.500	49.82	2.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9	49.82	5.54	.500	49.82	2.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	80	\$ 9,331.53	\$ 116.64	4.444	\$ 3110.51	\$ 518.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	80		9,331.53	116.64	4.444	3110.51	518.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,612
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 622.76	\$ 207.59	.167	\$ 622.76	\$ 34.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	3	622.76	207.59	.167	622.76	34.60
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	3	12	\$ 238.70	\$ 19.89	.667	\$ 79.57	\$ 13.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,613
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,830	30,664	\$ 1,785,586.66	\$ 58.23	14.302	\$ 975.73	\$ 832.83
@PHYSICIANS SERVICES		517	2,258	\$ 76,781.42	\$ 34.00	1.053	\$ 148.51	\$ 35.81
OUTPATIENT VISITS		253	473	15,511.86	32.79	.221	61.31	7.24
OFFICE VISITS		212	385	10,757.58	27.94	.180	50.74	5.02
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		57	72	4,336.28	60.23	.034	76.08	2.02
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		16	16	418.00	26.13	.007	26.13	.19
INPATIENT VISITS		39	212	9,455.50	44.60	.099	242.45	4.41
HOSPITAL VISITS		35	195	7,814.90	40.08	.091	223.28	3.65
CRITICAL CARE		3	13	1,518.10	116.78	.006	506.03	.71
SNF/ICF/TRANS IP CARE		4	4	122.50	30.63	.002	30.63	.06
OPHTHALMOLOGICAL SERVICES		13	13	569.71	43.82	.006	43.82	.27
EXAMINATIONS		13	13	569.71	43.82	.006	43.82	.27
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		18	128	12,851.71	100.40	.060	713.98	5.99
PRINCIPAL SURGEON		13	26	8,680.68	333.87	.012	667.74	4.05
ASSISTANT SURGEON		3	5	1,591.95	318.39	.002	530.65	.74
ANESTHESIOLOGIST		9	97	2,579.08	26.59	.045	286.56	1.20

OUTPATIENT SURGERY	31	59	6,939.01	117.61	.028	223.84	3.24
PRINCIPAL SURGEON	29	39	6,412.24	164.42	.018	221.11	2.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	526.77	26.34	.009	131.69	.25
DIALYSIS	1	27	303.08	11.23	.013	303.08	.14
PATHOLOGY	47	175	4,034.27	23.05	.082	85.84	1.88
RADIOLOGY	129	288	9,004.14	31.26	.134	69.80	4.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	107	2,434.68	22.75	.050	86.95	1.14
OTHER SERVICES/ALL X-OVERS	262	776	15,677.46	20.20	.362	59.84	7.31
@PHARMACY	1,524	10,392	\$ 1,158,372.93	\$ 111.47	4.847	\$ 760.09	\$ 540.29
PRESCRIPTION DRUGS	1,511	7,116	1,149,549.97	161.54	3.319	760.79	536.17
SNF/ICF	12	44	4,044.62	91.92	.021	337.05	1.89
OUTPATIENTS	1,499	7,072	1,145,505.35	161.98	3.299	764.18	534.28
MEDICAL SUPPLIES	88	3,276	8,822.96	2.69	1.528	100.26	4.12
@DENTIST	116	431	\$ 21,985.50	\$ 51.01	.201	\$ 189.53	\$ 10.25
VISITS - DIAGNOSTIC	78	248	3,957.50	15.96	.116	50.74	1.85
ORAL SURGERY	19	90	3,804.00	42.27	.042	200.21	1.77
DRUGS	2	2	25.00	12.50	.001	12.50	.01
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.14
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.03
ENDODONTICS	3	3	920.00	306.67	.001	306.67	.43
RESTORATIVE DENTISTRY	30	59	6,435.00	109.07	.028	214.50	3.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	22	6,489.00	294.95	.010	499.15	3.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,614 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
2,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	63	185	\$ 3,399.75	\$ 18.38	.086	\$ 53.96	\$ 1.59
DIAGNOSTIC AND ANC. PROCED	14	15	631.13	42.08	.007	45.08	.29
EYE APPLIANCES	48	153	2,479.77	16.21	.071	51.66	1.16
OTHER OPTOMETRIC SERVICES	15	17	288.85	16.99	.008	19.26	.13
@CHIROPRACTOR	4	5	\$ 61.97	\$ 12.39	.002	\$ 15.49	\$.03
VISITS	3	3	50.16	16.72	.001	16.72	.02
OTHER SERVICES	1	2	11.81	5.91	.001	11.81	.01
@PODIATRIST	10	13	\$ 223.72	\$ 17.21	.006	\$ 22.37	\$.10
MEDICINE/INJECTIONS	6	6	152.80	25.47	.003	25.47	.07
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	51.92	8.65	.003	8.65	.02
@HOME HEALTH AGENCY	10	59	\$ 3,722.76	\$ 63.10	.028	\$ 372.28	\$ 1.74
NURSE ANESTHESIST	2	15	\$ 37.91	\$ 2.53	.007	\$ 18.96	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	12	\$ 197.40	\$ 16.45	.006	\$ 21.93	\$.09
@TOTAL HOSPITAL	396	2,545	\$ 355,624.87	\$ 139.73	1.187	\$ 898.04	\$ 165.87
HOSP INPATIENT TOTAL	45	281	296,940.71	1056.73	.131	6598.68	138.50
HSC HOSPITALS	5	75	82,951.00	1106.01	.035	16590.20	38.69

NON-HSC HOSPITAL TOTAL	19	120	198,661.12	1655.51	.056	10455.85	92.66
ACCOMMODATIONS	19	120	57,827.49	481.90	.056	3043.55	26.97
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.010	4857.30	2.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	99	52,970.19	535.05	.046	2942.79	24.71
ANCILLARIES	19	0	140,833.63	.00	.000	7412.30	65.69
INPATIENT CROSSOVERS	21	86	15,328.59	178.24	.040	729.93	7.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	369	2,264	58,684.16	25.92	1.056	159.04	27.37
MEDICAL	52	89	4,381.67	49.23	.042	84.26	2.04
SURGERY	20	21	1,087.38	51.78	.010	54.37	.51
PATHOLOGY	143	588	8,172.63	13.90	.274	57.15	3.81
RADIOLOGY	98	235	19,360.28	82.38	.110	197.55	9.03
ROOM USE	108	161	6,178.26	38.37	.075	57.21	2.88
CROSSOVERS/ALL OTH OUTPTNT	203	1,170	19,503.94	16.67	.546	96.08	9.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,615
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	396	2,545	\$	355,624.87	\$ 139.73	1.187	\$ 898.04	\$ 165.87
COMM HOSP INPATIENT TOTAL	45	281		296,940.71	1056.73	.131	6598.68	138.50
HSC HOSPITALS	5	75		82,951.00	1106.01	.035	16590.20	38.69
NON-HSC HOSPITALS TOTAL	19	120		198,661.12	1655.51	.056	10455.85	92.66
ACCOMMODATIONS	19	120		57,827.49	481.90	.056	3043.55	26.97
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.010	4857.30	2.27
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	99		52,970.19	535.05	.046	2942.79	24.71
ANCILLARIES	19	0		140,833.63	.00	.000	7412.30	65.69
INPATIENT CROSSOVERS	21	86		15,328.59	178.24	.040	729.93	7.15
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	369	2,264		58,684.16	25.92	1.056	159.04	27.37
MEDICAL	52	89		4,381.67	49.23	.042	84.26	2.04
SURGERY	20	21		1,087.38	51.78	.010	54.37	.51
PATHOLOGY	143	588		8,172.63	13.90	.274	57.15	3.81
RADIOLOGY	98	235		19,360.28	82.38	.110	197.55	9.03
ROOM USE	108	161		6,178.26	38.37	.075	57.21	2.88

CROSSOVERS/ALL OTH OUTPTNT	203	1,170		19,503.94	16.67	.546	96.08	9.10	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	6	180	\$	21,300.78	\$ 118.34	.084	\$ 3550.13	\$ 9.94	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	6	180		21,300.78	118.34	.084	3550.13	9.94	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	18	203	\$	18,754.40	\$ 92.39	.095	\$ 1041.91	\$ 8.75	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	18	203		18,754.40	92.39	.095	1041.91	8.75	
@REHABILITATION FACILITY	5	24	\$	554.68	\$ 23.11	.011	\$ 110.94	\$.26	
HOSPITAL BASED	2	17		445.29	26.19	.008	222.65	.21	
INDEPENDENT FACILITY	3	7		109.39	15.63	.003	36.46	.05	
@LABORATORY FACILITY	25	109	\$	1,852.83	\$ 17.00	.051	\$ 74.11	\$.86	
PATHOLOGY	24	108		1,846.25	17.09	.050	76.93	.86	
XO AND OTHERS	1	1		6.58	6.58	.000	6.58	.00	
@ORGANIZED OUTPATIENT CLINIC	128	232	\$	22,046.98	\$ 95.03	.108	\$ 172.24	\$ 10.28	
CLINIC	2	3		74.87	24.96	.001	37.44	.03	
SURGICENTER	1	1		203.18	203.18	.000	203.18	.09	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	125	228		21,768.93	95.48	.106	174.15	10.15	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,616
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

2,144 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	243	14,001	\$	100,668.76	\$ 7.19	6.530	\$ 414.27	\$ 46.95
DURABLE MED. EQUIP.	23	111		9,136.88	82.31	.052	397.26	4.26
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	6		714.07	119.01	.003	178.52	.33
MEDICAL TRANSPORTATION	22	463		3,178.89	6.87	.216	144.50	1.48
AMBULANCES/AIR TRANS	12	96		2,123.43	22.12	.045	176.95	.99
OTHER TRANS	1	17		38.45	2.26	.008	38.45	.02
OTHER SERVICES	9	350		1,017.01	2.91	.163	113.00	.47
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	47	763		35,706.96	46.80	.356	759.72	16.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	65	154		1,804.24	11.72	.072	27.76	.84
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	25		1,626.38	65.06	.012	147.85	.76
PROSTHETICS	11	25		1,626.38	65.06	.012	147.85	.76
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	18		199.03	11.06	.008	99.52	.09
SPEECH AND AUDIOLOGY	2	2		29.86	14.93	.001	14.93	.01

HOSPICE SERVICES	12	190		24,608.61	129.52	.089	2050.72	11.48
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	11,254		20,082.09	1.78	5.249	836.75	9.37
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	1,015		3,581.75	3.53	.473	76.21	1.67
@CALIF. CHILDREN SERVICES*	10	28	\$	8,210.15	\$ 293.22	.013	\$ 821.02	\$ 3.83
@XOVER EXCLUDING STATE HOSP**	356	2,975	\$	54,919.24	\$ 18.46	1.388	\$ 154.27	\$ 25.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,617
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	32,217 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,890	79,321	\$	4,501,819.18	\$ 56.75	2.462	\$ 302.34	\$ 139.73
@PHYSICIANS SERVICES	7,135	18,459	\$	714,790.85	\$ 38.72	.573	\$ 100.18	\$ 22.19
OUTPATIENT VISITS	5,708	8,102		270,807.56	33.42	.251	47.44	8.41
OFFICE VISITS	4,265	5,674		169,877.59	29.94	.176	39.83	5.27
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1,777	2,234		88,981.78	39.83	.069	50.07	2.76
PREVENTIVE CARE	3	4		180.49	45.12	.000	60.16	.01
OB VISITS/COMPRE PERI	73	107		9,561.28	89.36	.003	130.98	.30
OTHER OUTPATIENT	80	83		2,206.42	26.58	.003	27.58	.07
INPATIENT VISITS	303	884		47,632.20	53.88	.027	157.20	1.48
HOSPITAL VISITS	292	769		33,693.21	43.81	.024	115.39	1.05
CRITICAL CARE	22	109		13,726.19	125.93	.003	623.92	.43
SNF/ICF/TRANS IP CARE	4	6		212.80	35.47	.000	53.20	.01
OPHTHALMOLOGICAL SERVICES	57	58		2,693.82	46.45	.002	47.26	.08

EXAMINATIONS	56	56	2,641.52	47.17	.002	47.17	.08
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	290	1,374	159,494.74	116.08	.043	549.98	4.95
PRINCIPAL SURGEON	185	241	128,920.73	534.94	.007	696.87	4.00
ASSISTANT SURGEON	29	30	6,031.69	201.06	.001	207.99	.19
ANESTHESIOLOGIST	123	1,103	24,542.32	22.25	.034	199.53	.76
OUTPATIENT SURGERY	633	1,370	94,749.08	69.16	.043	149.68	2.94
PRINCIPAL SURGEON	557	693	78,084.91	112.68	.022	140.19	2.42
ASSISTANT SURGEON	3	3	291.75	97.25	.000	97.25	.01
ANESTHESIOLOGIST	129	674	16,372.42	24.29	.021	126.92	.51
DIALYSIS	5	22	1,399.22	63.60	.001	279.84	.04
PATHOLOGY	900	1,250	18,583.02	14.87	.039	20.65	.58
RADIOLOGY	1,432	2,133	61,508.18	28.84	.066	42.95	1.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	179	336	5,444.69	16.20	.010	30.42	.17
OTHER SERVICES/ALL X-OVERS	775	2,930	52,478.34	17.91	.091	67.71	1.63
@PHARMACY	7,233	19,345	\$ 1,191,157.31	\$ 61.57	.600	\$ 164.68	\$ 36.97
PRESCRIPTION DRUGS	7,188	16,227	1,036,810.89	63.89	.504	144.24	32.18
SNF/ICF	14	36	2,124.62	59.02	.001	151.76	.07
OUTPATIENTS	7,176	16,191	1,034,686.27	63.91	.503	144.19	32.12
MEDICAL SUPPLIES	125	3,118	154,346.42	49.50	.097	1234.77	4.79
@DENTIST	1,632	6,044	\$ 238,970.20	\$ 39.54	.188	\$ 146.43	\$ 7.42
VISITS - DIAGNOSTIC	1,110	3,606	62,061.35	17.21	.112	55.91	1.93
ORAL SURGERY	183	463	25,404.25	54.87	.014	138.82	.79
DRUGS	122	140	2,603.75	18.60	.004	21.34	.08
ANESTHESIA	24	24	2,350.00	97.92	.001	97.92	.07
PERIODONTICS	13	18	1,880.00	104.44	.001	144.62	.06
ENDODONTICS	114	161	30,919.00	192.04	.005	271.22	.96
RESTORATIVE DENTISTRY	618	1,458	96,970.85	66.51	.045	156.91	3.01
PROSTHETICS	9	10	330.00	33.00	.000	36.67	.01
DENTURES, STAYPLATES	27	77	9,272.00	120.42	.002	343.41	.29
SPACE MAINTAINERS	18	18	2,711.00	150.61	.001	150.61	.08
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	52	4,045.00	77.79	.002	103.72	.13
ALL OTHER SERVICES	11	16	375.00	23.44	.000	34.09	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,618
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	32,217 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	289	832	\$	19,446.90	\$ 23.37	.026	\$ 67.29	\$.60
DIAGNOSTIC AND ANC. PROCED	217	217		10,167.21	46.85	.007	46.85	.32
EYE APPLIANCES	218	612		9,183.35	15.01	.019	42.13	.29
OTHER OPTOMETRIC SERVICES	4	3		96.34	32.11	.000	24.09	.00
@CHIROPRACTOR	143	220	\$	3,678.40	\$ 16.72	.007	\$ 25.72	\$.11
VISITS	143	220		3,678.40	16.72	.007	25.72	.11
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	17	21	\$	908.52	\$ 43.26	.001	\$ 53.44	\$.03
MEDICINE/INJECTIONS	13	13		559.73	43.06	.000	43.06	.02
SURGERY/ANES.	1	1		84.14	84.14	.000	84.14	.00
RADIO./PATHOLOGY	2	2		34.60	17.30	.000	17.30	.00
OTHER	3	5		230.05	46.01	.000	76.68	.01
@HOME HEALTH AGENCY	30	126	\$	8,420.61	\$ 66.83	.004	\$ 280.69	\$.26
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	9	26	\$	1,024.93	\$	39.42	.001	\$	113.88	\$	.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	182	235	\$	5,991.89	\$	25.50	.007	\$	32.92	\$	.19
@TOTAL HOSPITAL	4,146	20,295	\$	1,813,675.85	\$	89.37	.630	\$	437.45	\$	56.30
HOSP INPATIENT TOTAL	296	1,077		1,310,294.28		1216.61	.033		4426.67		40.67
HSC HOSPITALS	49	213		257,148.78		1207.27	.007		5247.93		7.98
NON-HSC HOSPITAL TOTAL	243	853		1,048,898.32		1229.66	.026		4316.45		32.56
ACCOMMODATIONS	243	853		288,647.33		338.39	.026		1187.85		8.96
ADMINISTRATIVE DAYS	0	0		200.07CR		.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	243	853		288,847.40		338.63	.026		1188.67		8.97
ANCILLARIES	243	0		760,250.99		.00	.000		3128.60		23.60
INPATIENT CROSSOVERS	7	11		4,247.18		386.11	.000		606.74		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,979	19,218		503,381.57		26.19	.597		126.51		15.62
MEDICAL	538	688		22,499.30		32.70	.021		41.82		.70
SURGERY	429	482		14,695.62		30.49	.015		34.26		.46
PATHOLOGY	1,637	5,653		78,842.33		13.95	.175		48.16		2.45
RADIOLOGY	1,132	1,538		103,448.35		67.26	.048		91.39		3.21
ROOM USE	2,650	4,036		151,161.78		37.45	.125		57.04		4.69
CROSSOVERS/ALL OTH OUTPTNT	1,737	6,821		132,734.19		19.46	.212		76.42		4.12
@COUNTY HOSPITAL TOTAL	6	50	\$	1,599.05	\$	31.98	.002	\$	266.51	\$	.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	50		1,599.05		31.98	.002		266.51		.05
MEDICAL	4	4		177.39		44.35	.000		44.35		.01
SURGERY	1	3		63.94		21.31	.000		63.94		.00
PATHOLOGY	2	10		205.62		20.56	.000		102.81		.01
RADIOLOGY	1	2		40.12		20.06	.000		40.12		.00
ROOM USE	6	15		786.07		52.40	.000		131.01		.02
CROSSOVERS/ALL OTH OUTPTNT	4	16		325.91		20.37	.000		81.48		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	32,217 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,143	20,245	\$	1,812,076.80	\$ 89.51	.628	\$ 437.38	\$ 56.25
COMM HOSP INPATIENT TOTAL	296	1,077		1,310,294.28	1216.61	.033	4426.67	40.67
HSC HOSPITALS	49	213		257,148.78	1207.27	.007	5247.93	7.98
NON-HSC HOSPITALS TOTAL	243	853		1,048,898.32	1229.66	.026	4316.45	32.56
ACCOMMODATIONS	243	853		288,647.33	338.39	.026	1187.85	8.96
ADMINISTRATIVE DAYS	0	0		200.07CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	243	853		288,847.40	338.63	.026	1188.67	8.97
ANCILLARIES	243	0		760,250.99	.00	.000	3128.60	23.60
INPATIENT CROSSOVERS	7	11		4,247.18	386.11	.000	606.74	.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	3,976	19,168		501,782.52		26.18	.595	126.20	15.58
MEDICAL	535	684		22,321.91		32.63	.021	41.72	.69
SURGERY	428	479		14,631.68		30.55	.015	34.19	.45
PATHOLOGY	1,635	5,643		78,636.71		13.94	.175	48.10	2.44
RADIOLOGY	1,131	1,536		103,408.23		67.32	.048	91.43	3.21
ROOM USE	2,647	4,021		150,375.71		37.40	.125	56.81	4.67
CROSSOVERS/ALL OTH OUTPTNT	1,734	6,805		132,408.28		19.46	.211	76.36	4.11
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	5	\$	576.05	\$	115.21	.000	\$ 576.05	\$.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	5		576.05		115.21	.000	576.05	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	476	\$	16,435.35	\$	34.53	.015	\$ 1826.15	\$.51
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	9	476		16,435.35		34.53	.015	1826.15	.51
@REHABILITATION FACILITY	13	184	\$	3,120.81	\$	16.96	.006	\$ 240.06	\$.10
HOSPITAL BASED	4	9		729.40		81.04	.000	182.35	.02
INDEPENDENT FACILITY	9	175		2,391.41		13.67	.005	265.71	.07
@LABORATORY FACILITY	675	1,355	\$	27,988.75	\$	20.66	.042	\$ 41.46	\$.87
PATHOLOGY	675	1,355		27,988.75		20.66	.042	41.46	.87
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,546	3,184	\$	303,535.48	\$	95.33	.099	\$ 196.34	\$ 9.42
CLINIC	396	1,241		35,405.56		28.53	.039	89.41	1.10
SURGICENTER	28	147		4,580.45		31.16	.005	163.59	.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,142	1,796		263,549.47		146.74	.056	230.78	8.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,620
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	32,217 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,373	8,514	\$	152,097.28	\$ 17.86	.264	\$ 110.78	\$ 4.72
DURABLE MED. EQUIP.	47	89		17,679.66	198.65	.003	376.16	.55
BLOOD BANK	1	10		153.00	15.30	.000	153.00	.00
HEARING AID DISPENSERS	2	3		235.00	78.33	.000	117.50	.01
MEDICAL TRANSPORTATION	109	1,852		48,079.28	25.96	.057	441.09	1.49
AMBULANCES/AIR TRANS	105	1,686		31,456.14	18.66	.052	299.58	.98
OTHER TRANS	2	36		108.71	3.02	.001	54.36	.00
OTHER SERVICES	13	130		16,514.43	127.03	.004	1270.34	.51
ACUPUNCTURE	1	3		59.47	19.82	.000	59.47	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	127	127		9,989.00	78.65	.004	78.65	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	254	559		5,179.59	9.27	.017	20.39	.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	27	1,979.28	73.31	.001	94.25	.06
PROSTHETICS	17	21	1,761.81	83.90	.001	103.64	.05
ORTHOTICS	4	6	217.47	36.25	.000	54.37	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	18	7,829.06	434.95	.001	652.42	.24
HOSPICE SERVICES	2	156	14,123.12	90.53	.005	7061.56	.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	793	4,938	43,818.42	8.87	.153	55.26	1.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	732	2,972.40	4.06	.023	114.32	.09
@CALIF. CHILDREN SERVICES*	108	1,396	\$ 249,934.81	\$ 179.04	.043	\$ 2314.21	\$ 7.76
@XOVER EXCLUDING STATE HOSP**	88	391	\$ 9,084.69	\$ 23.23	.012	\$ 103.24	\$.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,621
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

					----- MONTHLY AVERAGE -----			
37,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	18,707	124,253	\$ 7,067,649.28	\$ 56.88	3.346	\$ 377.81	\$ 190.33	
@PHYSICIANS SERVICES	7,993	21,648	\$ 809,567.54	\$ 37.40	.583	\$ 101.28	\$ 21.80	
OUTPATIENT VISITS	5,982	8,607	287,405.41	33.39	.232	48.05	7.74	
OFFICE VISITS	4,495	6,087	181,396.98	29.80	.164	40.36	4.88	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1,838	2,310	93,642.24	40.54	.062	50.95	2.52	
PREVENTIVE CARE	3	4	180.49	45.12	.000	60.16	.00	
OB VISITS/COMPRE PERI	73	107	9,561.28	89.36	.003	130.98	.26	
OTHER OUTPATIENT	96	99	2,624.42	26.51	.003	27.34	.07	
INPATIENT VISITS	348	1,120	58,202.96	51.97	.030	167.25	1.57	
HOSPITAL VISITS	333	988	42,623.37	43.14	.027	128.00	1.15	
CRITICAL CARE	25	122	15,244.29	124.95	.003	609.77	.41	
SNF/ICF/TRANS IP CARE	8	10	335.30	33.53	.000	41.91	.01	
OPHTHALMOLOGICAL SERVICES	70	71	3,263.53	45.97	.002	46.62	.09	
EXAMINATIONS	69	69	3,211.23	46.54	.002	46.54	.09	
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00	
INPATIENT HOSPITAL SURGERY	308	1,502	172,346.45	114.74	.040	559.57	4.64	
PRINCIPAL SURGEON	198	267	137,601.41	515.36	.007	694.96	3.71	
ASSISTANT SURGEON	32	35	7,623.64	217.82	.001	238.24	.21	
ANESTHESIOLOGIST	132	1,200	27,121.40	22.60	.032	205.47	.73	
OUTPATIENT SURGERY	665	1,430	101,827.33	71.21	.039	153.12	2.74	
PRINCIPAL SURGEON	587	733	84,636.39	115.47	.020	144.18	2.28	
ASSISTANT SURGEON	3	3	291.75	97.25	.000	97.25	.01	
ANESTHESIOLOGIST	133	694	16,899.19	24.35	.019	127.06	.46	
DIALYSIS	6	49	1,702.30	34.74	.001	283.72	.05	
PATHOLOGY	954	1,453	22,682.46	15.61	.039	23.78	.61	
RADIOLOGY	1,566	2,435	70,777.61	29.07	.066	45.20	1.91	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	207	443	7,879.37	17.79	.012	38.06	.21	
OTHER SERVICES/ALL X-OVERS	1,359	4,538	83,480.12	18.40	.122	61.43	2.25	
@PHARMACY	10,438	37,407	\$ 2,729,386.51	\$ 72.96	1.007	\$ 261.49	\$ 73.50	
PRESCRIPTION DRUGS	10,366	29,697	2,560,799.37	86.23	.800	247.04	68.96	

SNF/ICF	118	606	30,836.99	50.89	.016	261.33	.83
OUTPATIENTS	10,269	29,091	2,529,962.38	86.97	.783	246.37	68.13
MEDICAL SUPPLIES	285	7,710	168,587.14	21.87	.208	591.53	4.54
@DENTIST	1,851	6,843	\$ 280,465.45	\$ 40.99	.184	\$ 151.52	\$ 7.55
VISITS - DIAGNOSTIC	1,253	4,039	68,769.85	17.03	.109	54.88	1.85
ORAL SURGERY	215	631	32,394.25	51.34	.017	150.67	.87
DRUGS	124	142	2,628.75	18.51	.004	21.20	.07
ANESTHESIA	29	29	2,850.00	98.28	.001	98.28	.08
PERIODONTICS	15	20	2,135.00	106.75	.001	142.33	.06
ENDODONTICS	120	168	32,789.00	195.17	.005	273.24	.88
RESTORATIVE DENTISTRY	671	1,573	107,842.60	68.56	.042	160.72	2.90
PROSTHETICS	13	14	420.00	30.00	.000	32.31	.01
DENTURES, STAYPLATES	60	137	23,457.00	171.22	.004	390.95	.63
SPACE MAINTAINERS	18	18	2,711.00	150.61	.000	150.61	.07
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	52	4,045.00	77.79	.001	103.72	.11
ALL OTHER SERVICES	13	19	375.00	19.74	.001	28.85	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,622
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC						

					----- MONTHLY AVERAGE -----			
37,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	391	1,107	\$ 24,475.73	\$ 22.11	.030	\$ 62.60	\$.66	
DIAGNOSTIC AND ANC. PROCED	232	233	10,845.79	46.55	.006	46.75	.29	
EYE APPLIANCES	290	829	12,787.73	15.43	.022	44.10	.34	
OTHER OPTOMETRIC SERVICES	35	45	842.21	18.72	.001	24.06	.02	
@CHIROPRACTOR	147	225	\$ 3,740.37	\$ 16.62	.006	\$ 25.44	\$.10	
VISITS	146	223	3,728.56	16.72	.006	25.54	.10	
OTHER SERVICES	1	2	11.81	5.91	.000	11.81	.00	
@PODIATRIST	57	76	\$ 1,516.85	\$ 19.96	.002	\$ 26.61	\$.04	

MEDICINE/INJECTIONS	19	19		712.53	37.50	.001	37.50	.02	
SURGERY/ANES.	2	2		103.14	51.57	.000	51.57	.00	
RADIO./PATHOLOGY	2	2		34.60	17.30	.000	17.30	.00	
OTHER	39	53		666.58	12.58	.001	17.09	.02	
@HOME HEALTH AGENCY	42	193	\$	12,667.42	\$ 65.63	.005	\$ 301.61	\$.34	
NURSE ANESTHESIST	3	43	\$	97.73	\$ 2.27	.001	\$ 32.58	\$.00	
NURSE MIDWIFE	9	26	\$	1,024.93	\$ 39.42	.001	\$ 113.88	\$.03	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	191	247	\$	6,195.11	\$ 25.08	.007	\$ 32.44	\$.17	
@TOTAL HOSPITAL	4,785	24,203	\$	2,250,614.35	\$ 92.99	.652	\$ 470.35	\$ 60.61	
HOSP INPATIENT TOTAL	384	1,568		1,658,928.63	1057.99	.042	4320.13	44.67	
HSC HOSPITALS	55	294		345,799.78	1176.19	.008	6287.27	9.31	
NON-HSC HOSPITAL TOTAL	264	980		1,262,574.34	1288.34	.026	4782.48	34.00	
ACCOMMODATIONS	264	980		349,681.61	356.82	.026	1324.55	9.42	
ADMINISTRATIVE DAYS	1	21		4,657.23	221.77	.001	4657.23	.13	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	263	959		345,024.38	359.78	.026	1311.88	9.29	
ANCILLARIES	264	0		912,892.73	.00	.000	3457.93	24.58	
INPATIENT CROSSOVERS	69	294		50,554.51	171.95	.008	732.67	1.36	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4,557	22,635		591,685.72	26.14	.610	129.84	15.93	
MEDICAL	594	786		27,718.09	35.26	.021	46.66	.75	
SURGERY	449	503		15,783.00	31.38	.014	35.15	.43	
PATHOLOGY	1,787	6,289		87,578.96	13.93	.169	49.01	2.36	
RADIOLOGY	1,236	1,782		124,176.48	69.68	.048	100.47	3.34	
ROOM USE	2,763	4,202		157,535.18	37.49	.113	57.02	4.24	
CROSSOVERS/ALL OTH OUTPTNT	2,141	9,073		178,894.01	19.72	.244	83.56	4.82	
@COUNTY HOSPITAL TOTAL	6	50	\$	1,599.05	\$ 31.98	.001	\$ 266.51	\$.04	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	6	50		1,599.05	31.98	.001	266.51	.04	
MEDICAL	4	4		177.39	44.35	.000	44.35	.00	
SURGERY	1	3		63.94	21.31	.000	63.94	.00	
PATHOLOGY	2	10		205.62	20.56	.000	102.81	.01	
RADIOLOGY	1	2		40.12	20.06	.000	40.12	.00	
ROOM USE	6	15		786.07	52.40	.000	131.01	.02	
CROSSOVERS/ALL OTH OUTPTNT	4	16		325.91	20.37	.000	81.48	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,623
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

						----- MONTHLY AVERAGE -----		
	37,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,782	24,153	\$	2,249,015.30	\$ 93.12	.650	\$ 470.31	\$ 60.56
COMM HOSP INPATIENT TOTAL	384	1,568		1,658,928.63	1057.99	.042	4320.13	44.67
HSC HOSPITALS	55	294		345,799.78	1176.19	.008	6287.27	9.31
NON-HSC HOSPITALS TOTAL	264	980		1,262,574.34	1288.34	.026	4782.48	34.00
ACCOMMODATIONS	264	980		349,681.61	356.82	.026	1324.55	9.42

ADMINISTRATIVE DAYS	1	21		4,657.23	221.77	.001	4657.23	.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	263	959		345,024.38	359.78	.026	1311.88	9.29
ANCILLARIES	264	0		912,892.73	.00	.000	3457.93	24.58
INPATIENT CROSSOVERS	69	294		50,554.51	171.95	.008	732.67	1.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,554	22,585		590,086.67	26.13	.608	129.58	15.89
MEDICAL	591	782		27,540.70	35.22	.021	46.60	.74
SURGERY	448	500		15,719.06	31.44	.013	35.09	.42
PATHOLOGY	1,785	6,279		87,373.34	13.92	.169	48.95	2.35
RADIOLOGY	1,235	1,780		124,136.36	69.74	.048	100.52	3.34
ROOM USE	2,760	4,187		156,749.11	37.44	.113	56.79	4.22
CROSSOVERS/ALL OTH OUTPTNT	2,138	9,057		178,568.10	19.72	.244	83.52	4.81
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	97	1,798	\$	236,934.87	\$ 131.78	.048	\$ 2442.63	\$ 6.38
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	97	1,798		236,934.87	131.78	.048	2442.63	6.38
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	679	\$	35,189.75	\$ 51.83	.018	\$ 1303.32	\$.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	679		35,189.75	51.83	.018	1303.32	.95
@REHABILITATION FACILITY	18	208	\$	3,675.49	\$ 17.67	.006	\$ 204.19	\$.10
HOSPITAL BASED	6	26		1,174.69	45.18	.001	195.78	.03
INDEPENDENT FACILITY	12	182		2,500.80	13.74	.005	208.40	.07
@LABORATORY FACILITY	703	1,467	\$	29,970.96	\$ 20.43	.040	\$ 42.63	\$.81
PATHOLOGY	699	1,463		29,835.00	20.39	.039	42.68	.80
XO AND OTHERS	4	4		135.96	33.99	.000	33.99	.00
@ORGANIZED OUTPATIENT CLINIC	1,736	3,530	\$	337,497.53	\$ 95.61	.095	\$ 194.41	\$ 9.09
CLINIC	399	1,245		35,488.51	28.50	.034	88.94	.96
SURGICENTER	31	150		5,183.39	34.56	.004	167.21	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,326	2,135		296,825.63	139.03	.057	223.85	7.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,624
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC							

----- MONTHLY AVERAGE -----								
37,134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,894	24,553	\$ 304,628.69	\$ 12.41	.661	\$ 160.84	\$ 8.20	
DURABLE MED. EQUIP.	81	234	29,524.11	126.17	.006	364.50	.80	
BLOOD BANK	1	10	153.00	15.30	.000	153.00	.00	
HEARING AID DISPENSERS	20	32	8,634.72	269.84	.001	431.74	.23	
MEDICAL TRANSPORTATION	145	2,740	52,427.27	19.13	.074	361.57	1.41	
AMBULANCES/AIR TRANS	121	1,794	33,905.41	18.90	.048	280.21	.91	
OTHER TRANS	8	183	433.29	2.37	.005	54.16	.01	
OTHER SERVICES	27	763	18,088.57	23.71	.021	669.95	.49	
ACUPUNCTURE	1	3	59.47	19.82	.000	59.47	.00	

ADULT DAY HEALTH CARE CTR	33	386	25,842.78	66.95	.010	783.11	.70
GENETIC DISEASE TESTING	127	127	9,989.00	78.65	.003	78.65	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	47	763	35,706.96	46.80	.021	759.72	.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	361	811	8,272.89	10.20	.022	22.92	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.50	.83	.000	2.50	.00
PROSTHETIST/ORTHOTISTS	36	61	3,804.80	62.37	.002	105.69	.10
PROSTHETICS	32	55	3,587.33	65.22	.001	112.10	.10
ORTHOTICS	4	6	217.47	36.25	.000	54.37	.01
PSYCHOLOGIST	2	18	199.03	11.06	.000	99.52	.01
SPEECH AND AUDIOLOGY	22	30	8,888.41	296.28	.001	404.02	.24
HOSPICE SERVICES	17	382	42,615.85	111.56	.010	2506.81	1.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	817	16,192	63,900.51	3.95	.436	78.21	1.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	232	2,761	14,607.39	5.29	.074	62.96	.39
@CALIF. CHILDREN SERVICES*	118	1,421	\$ 258,076.44	\$ 181.62	.038	\$ 2187.09	\$ 6.95
@XOVER EXCLUDING STATE HOSP**	1,130	6,488	\$ 176,011.35	\$ 27.13	.175	\$ 155.76	\$ 4.74

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,625
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	196	2,675	\$ 248,493.37	\$ 92.89	17.599	\$ 1267.82	\$ 1634.82
@PHYSICIANS SERVICES	25	109	\$ 1,214.71	\$ 11.14	.717	\$ 48.59	\$ 7.99
OUTPATIENT VISITS	1	1	22.90	22.90	.007	22.90	.15
OFFICE VISITS	1	1	22.90	22.90	.007	22.90	.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	18.90	18.90	.007	18.90	.12
HOSPITAL VISITS	1	1	18.90	18.90	.007	18.90	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	38.00	38.00	.007	38.00	.25

RADIOLOGY	1	2		38.69		19.35	.013	38.69	.25
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	104		1,096.22		10.54	.684	47.66	7.21
@PHARMACY	110	468	\$	37,491.51	\$	80.11	3.079	340.83	246.65
PRESCRIPTION DRUGS	109	466		37,429.27		80.32	3.066	343.39	246.25
SNF/ICF	52	268		12,441.30		46.42	1.763	239.26	81.85
OUTPATIENTS	63	198		24,987.97		126.20	1.303	396.63	164.39
MEDICAL SUPPLIES	1	2		62.24		31.12	.013	62.24	.41
@DENTIST	13	97	\$	2,616.04	\$	26.97	.638	201.23	17.21
VISITS - DIAGNOSTIC	10	31		486.00		15.68	.204	48.60	3.20
ORAL SURGERY	5	38		1,049.00		27.61	.250	209.80	6.90
DRUGS	1	2		15.00		7.50	.013	15.00	.10
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	13		607.00		46.69	.086	202.33	3.99
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	13		459.04		35.31	.086	153.01	3.02
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,626
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED								AID CODE

152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	0	\$ 36.47	\$.00	.000	\$ 36.47	\$.24
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	0	36.47	.00	.000	36.47	.24
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	10	\$ 60.45	\$ 6.05	.066	\$ 6.05	\$.40
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	10	60.45	6.05	.066	6.05	.40
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	18	\$ 39.55	\$ 2.20	.118	\$ 39.55	\$.26
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	113	\$ 10,114.23	\$ 89.51	.743	\$ 404.57	\$ 66.54
HOSP INPATIENT TOTAL	12	46	8,487.77	184.52	.303	707.31	55.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	12	46	8,487.77	184.52	.303	707.31	55.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	67	1,626.46	24.28	.441	116.18	10.70
MEDICAL	1	1	56.82	56.82	.007	56.82	.37
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	4	812.58	203.15	.026	812.58	5.35
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	62	757.06	12.21	.408	63.09	4.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,627
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

	152 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	113	\$	10,114.23	\$ 89.51	.743	\$ 404.57	\$ 66.54
COMM HOSP INPATIENT TOTAL	12	46		8,487.77	184.52	.303	707.31	55.84
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	46		8,487.77	184.52	.303	707.31	55.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	67		1,626.46	24.28	.441	116.18	10.70
MEDICAL	1	1		56.82	56.82	.007	56.82	.37
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	4		812.58	203.15	.026	812.58	5.35
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	62		757.06	12.21	.408	63.09	4.98
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	74	1,624	\$	192,368.36	\$ 118.45	10.684	\$ 2599.57	\$ 1265.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	74	1,624		192,368.36	118.45	10.684	2599.57	1265.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	7	\$	1,184.14	\$ 169.16	.046	\$ 296.04	\$ 7.79
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	7		1,184.14	169.16	.046	296.04	7.79

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

----- MONTHLY AVERAGE -----

152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	229	\$ 3,367.91	\$ 14.71	1.507	\$ 160.38	\$ 22.16
DURABLE MED. EQUIP.	1	1	81.17	81.17	.007	81.17	.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	25.00	25.00	.007	25.00	.16
MEDICAL TRANSPORTATION	3	162	558.31	3.45	1.066	186.10	3.67
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	5	22.85	4.57	.033	22.85	.15
OTHER SERVICES	2	157	535.46	3.41	1.033	267.73	3.52
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	15	998.10	66.54	.099	998.10	6.57
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	130.40	13.04	.066	26.08	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.77	.89	.013	1.77	.01
PROSTHETIST/ORTHOTISTS	1	2	72.20	36.10	.013	72.20	.48
PROSTHETICS	1	2	72.20	36.10	.013	72.20	.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	10	1,072.80	107.28	.066	.00	7.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	26	428.16	16.47	.171	53.52	2.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	78	376	\$ 32,534.11	\$ 86.53	2.474	\$ 417.10	\$ 214.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,629
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	6	\$ 790.35	\$ 131.73	6.000	\$ 395.18	\$ 790.35
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	6	\$ 790.35	\$ 131.73	6.000	\$ 395.18	\$ 790.35
PRESCRIPTION DRUGS	1	3	422.11	140.70	3.000	422.11	422.11
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	422.11	140.70	3.000	422.11	422.11
MEDICAL SUPPLIES	2	3	368.24	122.75	3.000	184.12	368.24
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,630
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,631
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
MENTALLY ILL	0	0		.00		.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
LEV B-REGULAR	0	0		.00		.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
ICF DDH	0	0		.00		.00	.000	.00 .00
ICF DD	0	0		.00		.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00		.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PATHOLOGY	0	0		.00		.00	.000	.00 .00
XO AND OTHERS	0	0		.00		.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
CLINIC	0	0		.00		.00	.000	.00 .00
SURGICENTER	0	0		.00		.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,632
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	6	\$ 790.35	\$ 131.73	6.000	\$ 395.18	\$ 790.35
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 8,633
01/17/03

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	301	3,383	\$ 317,781.09	\$ 93.93	14.969	\$ 1055.75	\$ 1406.11
@PHYSICIANS SERVICES	82	359	\$ 15,590.04	\$ 43.43	1.588	\$ 190.12	\$ 68.98
OUTPATIENT VISITS	32	52	2,430.52	46.74	.230	75.95	10.75
OFFICE VISITS	22	33	1,066.66	32.32	.146	48.48	4.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	16	1,284.66	80.29	.071	116.79	5.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.20	26.40	.013	26.40	.35
INPATIENT VISITS	11	31	2,038.97	65.77	.137	185.36	9.02
HOSPITAL VISITS	11	24	1,187.77	49.49	.106	107.98	5.26
CRITICAL CARE	1	7	851.20	121.60	.031	851.20	3.77
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	35		4,650.10	132.86	.155	516.68	20.58
PRINCIPAL SURGEON	6	7		3,499.11	499.87	.031	583.19	15.48
ASSISTANT SURGEON	1	1		207.00	207.00	.004	207.00	.92
ANESTHESIOLOGIST	4	27		943.99	34.96	.119	236.00	4.18
OUTPATIENT SURGERY	4	8		618.51	77.31	.035	154.63	2.74
PRINCIPAL SURGEON	4	5		538.51	107.70	.022	134.63	2.38
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		80.00	26.67	.013	80.00	.35
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	20		472.85	23.64	.088	39.40	2.09
RADIOLOGY	23	83		2,360.54	28.44	.367	102.63	10.44
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		33.00	11.00	.013	16.50	.15
OTHER SERVICES/ALL X-OVERS	46	127		2,985.55	23.51	.562	64.90	13.21
@PHARMACY	210	2,034	\$	176,338.71	\$ 86.70	9.000	\$ 839.71	\$ 780.26
PRESCRIPTION DRUGS	208	1,013		173,213.08	170.99	4.482	832.76	766.43
SNF/ICF	10	64		13,107.04	204.80	.283	1310.70	58.00
OUTPATIENTS	199	949		160,106.04	168.71	4.199	804.55	708.43
MEDICAL SUPPLIES	9	1,021		3,125.63	3.06	4.518	347.29	13.83
@DENTIST	24	157	\$	10,894.00	\$ 69.39	.695	\$ 453.92	\$ 48.20
VISITS - DIAGNOSTIC	13	53		712.00	13.43	.235	54.77	3.15
ORAL SURGERY	4	47		1,739.00	37.00	.208	434.75	7.69
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	2		200.00	100.00	.009	200.00	.88
PERIODONTICS	1	1		200.00	200.00	.004	200.00	.88
ENDODONTICS	6	10		1,918.00	191.80	.044	319.67	8.49
RESTORATIVE DENTISTRY	6	33		3,750.00	113.64	.146	625.00	16.59
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	11		2,375.00	215.91	.049	475.00	10.51
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,634
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W							

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	13	38	\$ 701.50	\$ 18.46	.168	\$ 53.96	\$ 3.10
DIAGNOSTIC AND ANC. PROCED	3	3	131.84	43.95	.013	43.95	.58
EYE APPLIANCES	10	32	502.11	15.69	.142	50.21	2.22
OTHER OPTOMETRIC SERVICES	4	3	67.55	22.52	.013	16.89	.30
@CHIROPRACTOR	1	1	\$ 5.74	\$ 5.74	.004	\$ 5.74	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	5.74	5.74	.004	5.74	.03
@PODIATRIST	2	3	\$ 31.72	\$ 10.57	.013	\$ 15.86	\$.14
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	3	31.72	10.57	.013	15.86	.14
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	68	446	\$	92,880.35	\$	208.25	1.973	\$	1365.89	\$	410.98
HOSP INPATIENT TOTAL	14	82		81,002.35		987.83	.363		5785.88		358.42
HSC HOSPITALS	3	38		43,381.00		1141.61	.168		14460.33		191.95
NON-HSC HOSPITAL TOTAL	7	26		34,626.00		1331.77	.115		4946.57		153.21
ACCOMMODATIONS	7	26		10,647.15		409.51	.115		1521.02		47.11
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	26		10,647.15		409.51	.115		1521.02		47.11
ANCILLARIES	7	0		23,978.85		.00	.000		3425.55		106.10
INPATIENT CROSSOVERS	4	18		2,995.35		166.41	.080		748.84		13.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56	364		11,878.00		32.63	1.611		212.11		52.56
MEDICAL	12	18		564.92		31.38	.080		47.08		2.50
SURGERY	2	2		50.37		25.19	.009		25.19		.22
PATHOLOGY	17	91		1,323.55		14.54	.403		77.86		5.86
RADIOLOGY	13	43		5,639.67		131.16	.190		433.82		24.95
ROOM USE	15	20		681.93		34.10	.088		45.46		3.02
CROSSOVERS/ALL OTH OUTPTNT	34	190		3,617.56		19.04	.841		106.40		16.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,635
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68	446	\$ 92,880.35	\$ 208.25	1.973	\$ 1365.89	\$ 410.98
COMM HOSP INPATIENT TOTAL	14	82	81,002.35	987.83	.363	5785.88	358.42
HSC HOSPITALS	3	38	43,381.00	1141.61	.168	14460.33	191.95
NON-HSC HOSPITALS TOTAL	7	26	34,626.00	1331.77	.115	4946.57	153.21
ACCOMMODATIONS	7	26	10,647.15	409.51	.115	1521.02	47.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	26	10,647.15	409.51	.115	1521.02	47.11
ANCILLARIES	7	0	23,978.85	.00	.000	3425.55	106.10
INPATIENT CROSSOVERS	4	18	2,995.35	166.41	.080	748.84	13.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	56	364		11,878.00		32.63	1.611	212.11	52.56
MEDICAL	12	18		564.92		31.38	.080	47.08	2.50
SURGERY	2	2		50.37		25.19	.009	25.19	.22
PATHOLOGY	17	91		1,323.55		14.54	.403	77.86	5.86
RADIOLOGY	13	43		5,639.67		131.16	.190	433.82	24.95
ROOM USE	15	20		681.93		34.10	.088	45.46	3.02
CROSSOVERS/ALL OTH OUTPTNT	34	190		3,617.56		19.04	.841	106.40	16.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	5	121	\$	11,715.97	\$	96.83	.535	2343.19	51.84
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	5	121		11,715.97		96.83	.535	2343.19	51.84
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	11	\$	1,154.79	\$	104.98	.049	164.97	5.11
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11		1,154.79		104.98	.049	164.97	5.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,636
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	36	213	\$ 8,468.27	\$ 39.76	.942	\$ 235.23	\$ 37.47	
DURABLE MED. EQUIP.	5	17	884.51	52.03	.075	176.90	3.91	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	5	113	629.38	5.57	.500	125.88	2.78	
AMBULANCES/AIR TRANS	3	32	482.73	15.09	.142	160.91	2.14	
OTHER TRANS	2	81	146.65	1.81	.358	73.33	.65	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	14	48	6,362.00	132.54	.212	454.43	28.15	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	9	24	322.00	13.42	.106	35.78	1.42	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	11	270.38	24.58	.049	67.60	1.20
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	60	1,164	\$ 8,752.19	\$ 7.52	5.150	\$ 145.87	\$ 38.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,637
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37		

167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	252	1,784	\$ 213,700.56	\$ 119.79	10.683	\$ 848.02	\$ 1279.64
@PHYSICIANS SERVICES	125	547	\$ 23,934.72	\$ 43.76	3.275	\$ 191.48	\$ 143.32
OUTPATIENT VISITS	66	100	4,218.31	42.18	.599	63.91	25.26
OFFICE VISITS	28	45	1,320.68	29.35	.269	47.17	7.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	54	2,867.63	53.10	.323	71.69	17.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1	30.00	30.00	.006	30.00	.18
INPATIENT VISITS	14	51	2,425.38	47.56	.305	173.24	14.52
HOSPITAL VISITS	13	48	2,185.98	45.54	.287	168.15	13.09
CRITICAL CARE	1	3	239.40	79.80	.018	239.40	1.43
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	3.06	3.06	.006	3.06	.02
EXAMINATIONS	1	1	3.06	3.06	.006	3.06	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	84	7,317.54	87.11	.503	522.68	43.82
PRINCIPAL SURGEON	6	8	5,551.53	693.94	.048	925.26	33.24
ASSISTANT SURGEON	1	1	374.53	374.53	.006	374.53	2.24
ANESTHESIOLOGIST	8	75	1,391.48	18.55	.449	173.94	8.33
OUTPATIENT SURGERY	14	42	2,328.17	55.43	.251	166.30	13.94
PRINCIPAL SURGEON	8	10	1,540.78	154.08	.060	192.60	9.23
ASSISTANT SURGEON	1	1	134.77	134.77	.006	134.77	.81
ANESTHESIOLOGIST	6	31	652.62	21.05	.186	108.77	3.91
DIALYSIS	1	1	56.60	56.60	.006	56.60	.34
PATHOLOGY	17	40	1,125.32	28.13	.240	66.20	6.74
RADIOLOGY	38	92	2,744.76	29.83	.551	72.23	16.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	38	293.89	7.73	.228	29.39	1.76
OTHER SERVICES/ALL X-OVERS	38	98	3,421.69	34.92	.587	90.04	20.49
@PHARMACY	46	134	\$ 19,618.86	\$ 146.41	.802	\$ 426.50	\$ 117.48
PRESCRIPTION DRUGS	46	134	19,618.86	146.41	.802	426.50	117.48
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	46	134	19,618.86	146.41	.802	426.50	117.48
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	20	102	\$ 5,707.55	\$ 55.96	.611	\$ 285.38	\$ 34.18
VISITS - DIAGNOSTIC	10	44	511.00	11.61	.263	51.10	3.06
ORAL SURGERY	3	5	161.00	32.20	.030	53.67	.96
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	2	100.00	50.00	.012	100.00	.60
PERIODONTICS	1	1	.00	.00	.006	.00	.00
ENDODONTICS	2	2	196.00	98.00	.012	98.00	1.17
RESTORATIVE DENTISTRY	8	39	3,628.55	93.04	.234	453.57	21.73
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	8	311.00	38.88	.048	311.00	1.86
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.006	800.00	4.79
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,638
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37						

167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	15	\$ 355.56	\$ 23.70	.090	\$ 88.89	\$ 2.13
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.024	47.45	1.14
EYE APPLIANCES	4	11	165.76	15.07	.066	41.44	.99
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	15	\$ 663.03	\$ 44.20	.090	\$ 221.01	\$ 3.97
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	3	\$ 37.10	\$ 12.37	.018	\$ 37.10	\$.22
@TOTAL HOSPITAL	113	658	\$ 152,614.46	\$ 231.94	3.940	\$ 1350.57	\$ 913.86
HOSP INPATIENT TOTAL	20	76	130,018.97	1710.78	.455	6500.95	778.56
HSC HOSPITALS	6	37	39,626.92	1071.00	.222	6604.49	237.29
NON-HSC HOSPITAL TOTAL	15	39	90,392.05	2317.74	.234	6026.14	541.27
ACCOMMODATIONS	15	39	11,468.89	294.07	.234	764.59	68.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	39	11,468.89	294.07	.234	764.59	68.68
ANCILLARIES	15	0	78,923.16	.00	.000	5261.54	472.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	582	22,595.49	38.82	3.485	235.37	135.30
MEDICAL	22	27	859.04	31.82	.162	39.05	5.14
SURGERY	19	22	430.45	19.57	.132	22.66	2.58
PATHOLOGY	44	170	1,924.19	11.32	1.018	43.73	11.52
RADIOLOGY	45	77	4,453.55	57.84	.461	98.97	26.67
ROOM USE	64	121	3,701.27	30.59	.725	57.83	22.16
CROSSOVERS/ALL OTH OUTPTNT	47	165	11,226.99	68.04	.988	238.87	67.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 8,639 01/17/03

167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	113	658	\$ 152,614.46	\$ 231.94	3.940	\$ 1350.57	\$ 913.86
COMM HOSP INPATIENT TOTAL	20	76	130,018.97	1710.78	.455	6500.95	778.56
HSC HOSPITALS	6	37	39,626.92	1071.00	.222	6604.49	237.29
NON-HSC HOSPITALS TOTAL	15	39	90,392.05	2317.74	.234	6026.14	541.27
ACCOMMODATIONS	15	39	11,468.89	294.07	.234	764.59	68.68

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	39	11,468.89	294.07	.234	764.59	68.68
ANCILLARIES	15	0	78,923.16	.00	.000	5261.54	472.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	582	22,595.49	38.82	3.485	235.37	135.30
MEDICAL	22	27	859.04	31.82	.162	39.05	5.14
SURGERY	19	22	430.45	19.57	.132	22.66	2.58
PATHOLOGY	44	170	1,924.19	11.32	1.018	43.73	11.52
RADIOLOGY	45	77	4,453.55	57.84	.461	98.97	26.67
ROOM USE	64	121	3,701.27	30.59	.725	57.83	22.16
CROSSOVERS/ALL OTH OUTPTNT	47	165	11,226.99	68.04	.988	238.87	67.23
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	25	183.95	7.36	.150	36.79	1.10
PATHOLOGY	5	25	183.95	7.36	.150	36.79	1.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	27	3,002.14	111.19	.162	187.63	17.98
CLINIC	2	3	227.64	75.88	.018	113.82	1.36
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	4	58.40	14.60	.024	58.40	.35
RURAL HEALTH CLINIC	13	20	2,716.10	135.81	.120	208.93	16.26

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 8,640
01/17/03

167 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	258	\$ 7,583.19	\$ 29.39	1.545	\$ 361.10	\$ 45.41
DURABLE MED. EQUIP.	1	8	34.64	4.33	.048	34.64	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	145	4,164.18	28.72	.868	378.56	24.94
AMBULANCES/AIR TRANS	11	144	2,364.18	16.42	.862	214.93	14.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	10.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	55.20	9.20	.036	18.40	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	59	3,158.57	53.54	.353	3158.57	18.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	40	170.60	4.27	.240	34.12	1.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	5	\$ 3,423.72	\$ 684.74	.030	\$ 1711.86	\$ 20.50
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,641
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

546 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	751	7,848	\$ 780,765.37	\$ 99.49	14.374	\$ 1039.63	\$ 1429.97
@PHYSICIANS SERVICES	232	1,015	\$ 40,739.47	\$ 40.14	1.859	\$ 175.60	\$ 74.61
OUTPATIENT VISITS	99	153	6,671.73	43.61	.280	67.39	12.22
OFFICE VISITS	51	79	2,410.24	30.51	.145	47.26	4.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	70	4,152.29	59.32	.128	81.42	7.60
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	109.20	27.30	.007	27.30	.20
INPATIENT VISITS	26	83	4,483.25	54.02	.152	172.43	8.21
HOSPITAL VISITS	25	73	3,392.65	46.47	.134	135.71	6.21
CRITICAL CARE	2	10	1,090.60	109.06	.018	545.30	2.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	3.06	3.06	.002	3.06	.01
EXAMINATIONS	1	1	3.06	3.06	.002	3.06	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	119	11,967.64	100.57	.218	520.33	21.92
PRINCIPAL SURGEON	12	15	9,050.64	603.38	.027	754.22	16.58
ASSISTANT SURGEON	2	2	581.53	290.77	.004	290.77	1.07
ANESTHESIOLOGIST	12	102	2,335.47	22.90	.187	194.62	4.28
OUTPATIENT SURGERY	18	50	2,946.68	58.93	.092	163.70	5.40
PRINCIPAL SURGEON	12	15	2,079.29	138.62	.027	173.27	3.81
ASSISTANT SURGEON	1	1	134.77	134.77	.002	134.77	.25
ANESTHESIOLOGIST	7	34	732.62	21.55	.062	104.66	1.34
DIALYSIS	1	1	56.60	56.60	.002	56.60	.10
PATHOLOGY	30	61	1,636.17	26.82	.112	54.54	3.00

RADIOLOGY	62	177		5,143.99		29.06	.324	82.97	9.42
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	41		326.89		7.97	.075	27.24	.60
OTHER SERVICES/ALL X-OVERS	107	329		7,503.46		22.81	.603	70.13	13.74
@PHARMACY	368	2,642	\$	234,239.43	\$	88.66	4.839	\$ 636.52	\$ 429.01
PRESCRIPTION DRUGS	364	1,616		230,683.32		142.75	2.960	633.75	422.50
SNF/ICF	62	332		25,548.34		76.95	.608	412.07	46.79
OUTPATIENTS	309	1,284		205,134.98		159.76	2.352	663.87	375.71
MEDICAL SUPPLIES	12	1,026		3,556.11		3.47	1.879	296.34	6.51
@DENTIST	57	356	\$	19,217.59	\$	53.98	.652	\$ 337.15	\$ 35.20
VISITS - DIAGNOSTIC	33	128		1,709.00		13.35	.234	51.79	3.13
ORAL SURGERY	12	90		2,949.00		32.77	.165	245.75	5.40
DRUGS	1	2		15.00		7.50	.004	15.00	.03
ANESTHESIA	2	4		300.00		75.00	.007	150.00	.55
PERIODONTICS	2	2		200.00		100.00	.004	100.00	.37
ENDODONTICS	8	12		2,114.00		176.17	.022	264.25	3.87
RESTORATIVE DENTISTRY	17	85		7,985.55		93.95	.156	469.74	14.63
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	9	32		3,145.04		98.28	.059	349.45	5.76
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.002	800.00	1.47
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,642
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	546 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	53	\$	1,093.53	\$ 20.63	.097	\$ 60.75	\$ 2.00
DIAGNOSTIC AND ANC. PROCED	7	7		321.64	45.95	.013	45.95	.59

EYE APPLIANCES	14	43		667.87	15.53	.079	47.71	1.22
OTHER OPTOMETRIC SERVICES	5	3		104.02	34.67	.005	20.80	.19
@CHIROPRACTOR	1	1	\$	5.74	\$ 5.74	.002	\$ 5.74	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		5.74	5.74	.002	5.74	.01
@PODIATRIST	12	13	\$	92.17	\$ 7.09	.024	\$ 7.68	\$.17
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	12	13		92.17	7.09	.024	7.68	.17
@HOME HEALTH AGENCY	3	15	\$	663.03	\$ 44.20	.027	\$ 221.01	\$ 1.21
NURSE ANESTHESIST	1	18	\$	39.55	\$ 2.20	.033	\$ 39.55	\$.07
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	3	\$	37.10	\$ 12.37	.005	\$ 37.10	\$.07
@TOTAL HOSPITAL	206	1,217	\$	255,609.04	\$ 210.03	2.229	\$ 1240.82	\$ 468.15
HOSP INPATIENT TOTAL	46	204		219,509.09	1076.02	.374	4771.94	402.03
HSC HOSPITALS	9	75		83,007.92	1106.77	.137	9223.10	152.03
NON-HSC HOSPITAL TOTAL	22	65		125,018.05	1923.35	.119	5682.64	228.97
ACCOMMODATIONS	22	65		22,116.04	340.25	.119	1005.27	40.51
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	65		22,116.04	340.25	.119	1005.27	40.51
ANCILLARIES	22	0		102,902.01	.00	.000	4677.36	188.47
INPATIENT CROSSOVERS	16	64		11,483.12	179.42	.117	717.70	21.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	166	1,013		36,099.95	35.64	1.855	217.47	66.12
MEDICAL	35	46		1,480.78	32.19	.084	42.31	2.71
SURGERY	21	24		480.82	20.03	.044	22.90	.88
PATHOLOGY	61	261		3,247.74	12.44	.478	53.24	5.95
RADIOLOGY	59	124		10,905.80	87.95	.227	184.84	19.97
ROOM USE	79	141		4,383.20	31.09	.258	55.48	8.03
CROSSOVERS/ALL OTH OUTPTNT	93	417		15,601.61	37.41	.764	167.76	28.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,643
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
546 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	206	1,217	\$	255,609.04	\$ 210.03	2.229	\$ 1240.82	\$ 468.15
COMM HOSP INPATIENT TOTAL	46	204		219,509.09	1076.02	.374	4771.94	402.03
HSC HOSPITALS	9	75		83,007.92	1106.77	.137	9223.10	152.03
NON-HSC HOSPITALS TOTAL	22	65		125,018.05	1923.35	.119	5682.64	228.97
ACCOMMODATIONS	22	65		22,116.04	340.25	.119	1005.27	40.51
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	65		22,116.04	340.25	.119	1005.27	40.51
ANCILLARIES	22	0		102,902.01	.00	.000	4677.36	188.47
INPATIENT CROSSOVERS	16	64		11,483.12	179.42	.117	717.70	21.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	1,013		36,099.95	35.64	1.855	217.47	66.12
MEDICAL	35	46		1,480.78	32.19	.084	42.31	2.71
SURGERY	21	24		480.82	20.03	.044	22.90	.88
PATHOLOGY	61	261		3,247.74	12.44	.478	53.24	5.95
RADIOLOGY	59	124		10,905.80	87.95	.227	184.84	19.97
ROOM USE	79	141		4,383.20	31.09	.258	55.48	8.03
CROSSOVERS/ALL OTH OUTPTNT	93	417		15,601.61	37.41	.764	167.76	28.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	79	1,745	\$	204,084.33	\$ 116.95	3.196	\$ 2583.35	\$ 373.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	79	1,745		204,084.33	116.95	3.196	2583.35	373.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	25	\$	183.95	\$ 7.36	.046	\$ 36.79	\$.34
PATHOLOGY	5	25		183.95	7.36	.046	36.79	.34
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	45	\$	5,341.07	\$ 118.69	.082	\$ 197.82	\$ 9.78
CLINIC	2	3		227.64	75.88	.005	113.82	.42
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	4		58.40	14.60	.007	58.40	.11
RURAL HEALTH CLINIC	24	38		5,055.03	133.03	.070	210.63	9.26
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

PAGE 8,644
 01/17/03

	546 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	78	700	\$	19,419.37	\$ 27.74	1.282	\$ 248.97	\$ 35.57
DURABLE MED. EQUIP.	7	26		1,000.32	38.47	.048	142.90	1.83
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	25.00	25.00	.002	25.00	.05
MEDICAL TRANSPORTATION	19	420	5,351.87	12.74	.769	281.68	9.80
AMBULANCES/AIR TRANS	14	176	2,846.91	16.18	.322	203.35	5.21
OTHER TRANS	3	86	169.50	1.97	.158	56.50	.31
OTHER SERVICES	3	158	2,335.46	14.78	.289	778.49	4.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	15	998.10	66.54	.027	998.10	1.83
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	48	6,362.00	132.54	.088	454.43	11.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	40	507.60	12.69	.073	29.86	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.77	.89	.004	1.77	.00
PROSTHETIST/ORTHOTISTS	1	2	72.20	36.10	.004	72.20	.13
PROSTHETICS	1	2	72.20	36.10	.004	72.20	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	69	4,231.37	61.32	.126	4231.37	7.75
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	40	170.60	4.27	.073	34.12	.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	37	698.54	18.88	.068	58.21	1.28
@CALIF. CHILDREN SERVICES*	4	11	\$ 4,214.07	\$ 383.10	.020	\$ 1053.52	\$ 7.72
@XOVER EXCLUDING STATE HOSP**	138	1,540	\$ 41,286.30	\$ 26.81	2.821	\$ 299.18	\$ 75.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,645
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

2,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,816	102,737	\$ 8,724,392.95	\$ 84.92	35.028	\$ 3098.15	\$ 2974.56
@PHYSICIANS SERVICES	187	345	\$ 5,479.26	\$ 15.88	.118	\$ 29.30	\$ 1.87
OUTPATIENT VISITS	1	1	108.08	108.08	.000	108.08	.04
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	15	19	554.53	29.19	.006	36.97	.19
HOSPITAL VISITS	1	3	155.70	51.90	.001	155.70	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	16	398.83	24.93	.005	28.49	.14
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	6.92	6.92	.000	6.92	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	174	324	4,809.73	14.84	.110	27.64	1.64
@PHARMACY	2,294	17,469	\$ 646,308.32	\$ 37.00	5.956	\$ 281.74	\$ 220.36
PRESCRIPTION DRUGS	2,286	14,932	640,140.60	42.87	5.091	280.03	218.25
SNF/ICF	2,116	13,944	605,236.58	43.40	4.754	286.03	206.35
OUTPATIENTS	234	988	34,904.02	35.33	.337	149.16	11.90
MEDICAL SUPPLIES	91	2,537	6,167.72	2.43	.865	67.78	2.10
@DENTIST	153	328	\$ 11,489.50	\$ 35.03	.112	\$ 75.09	\$ 3.92
VISITS - DIAGNOSTIC	133	246	5,146.50	20.92	.084	38.70	1.75
ORAL SURGERY	15	35	1,096.00	31.31	.012	73.07	.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.09
RESTORATIVE DENTISTRY	9	22	1,117.00	50.77	.008	124.11	.38
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	17	24	3,840.00	160.00	.008	225.88	1.31
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1CR	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,646 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE							
2,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	44	\$ 764.79	\$ 17.38	.015	\$ 40.25	\$.26
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.02
EYE APPLIANCES	14	37	610.94	16.51	.013	43.64	.21
OTHER OPTOMETRIC SERVICES	4	6	106.40	17.73	.002	26.60	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	300	305	\$ 3,060.30	\$ 10.03	.104	\$ 10.20	\$ 1.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	300	305	3,060.30	10.03	.104	10.20	1.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	89	454	\$ 30,867.25	\$ 67.99	.155	\$ 346.82	\$ 10.52
HOSP INPATIENT TOTAL	31	165	24,847.22	150.59	.056	801.52	8.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	3	1,882.65	627.55	.001	1882.65	.64
ACCOMMODATIONS	1	3	756.00	252.00	.001	756.00	.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	756.00	252.00	.001	756.00	.26
ANCILLARIES	1	0	1,126.65	.00	.000	1126.65	.38
INPATIENT CROSSOVERS	30	162	22,964.57	141.76	.055	765.49	7.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	289	6,020.03	20.83	.099	102.03	2.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	120.35	10.94	.004	30.09	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	55	278	5,899.68	21.22	.095	107.27	2.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

2,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	89	454	\$ 30,867.25	\$ 67.99	.155	\$ 346.82	\$ 10.52
COMM HOSP INPATIENT TOTAL	31	165	24,847.22	150.59	.056	801.52	8.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	1,882.65	627.55	.001	1882.65	.64
ACCOMMODATIONS	1	3	756.00	252.00	.001	756.00	.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	756.00	252.00	.001	756.00	.26
ANCILLARIES	1	0	1,126.65	.00	.000	1126.65	.38
INPATIENT CROSSOVERS	30	162	22,964.57	141.76	.055	765.49	7.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	59	289	6,020.03	20.83	.099	102.03	2.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	120.35	10.94	.004	30.09	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	55	278	5,899.68	21.22	.095	107.27	2.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,500	78,014	\$ 7,886,290.36	\$ 101.09	26.599	\$ 3154.52	\$ 2688.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	220	20,497.80	93.17	.075	2928.26	6.99
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,494	77,794	7,865,792.56	101.11	26.524	3153.89	2681.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$ 1,015.90	\$ 507.95	.001	\$ 1015.90	\$.35
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2	1,015.90	507.95	.001	1015.90	.35
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	230	\$ 25.70	\$.11	.078	\$ 6.43	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	4	230	25.70	.11	.078	6.43	.01
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,648
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						AID CODE

2,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	235	5,546	\$ 139,091.57	\$ 25.08	1.891	\$ 591.88	\$ 47.42
DURABLE MED. EQUIP.	75	337	30,439.66	90.33	.115	405.86	10.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	15	1,252.47	83.50	.005	104.37	.43
MEDICAL TRANSPORTATION	44	494	2,495.20	5.05	.168	56.71	.85
AMBULANCES/AIR TRANS	3	11	454.22	41.29	.004	151.41	.15
OTHER TRANS	32	320	1,212.68	3.79	.109	37.90	.41
OTHER SERVICES	10	163	828.30	5.08	.056	82.83	.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	20	1,330.80	66.54	.007	665.40	.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	45	566.78	12.60	.015	28.34	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	11	18	32.86	1.83	.006	2.99	.01
PROSTHETIST/ORTHOTISTS	3	5	71.54	14.31	.002	23.85	.02
PROSTHETICS	3	5	71.54	14.31	.002	23.85	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	18	1,256.00	69.78	.006	104.67	.43
HOSPICE SERVICES	45	983	97,368.91	99.05	.335	2163.75	33.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	3,611	4,277.35	1.18	1.231	158.42	1.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	832	3,768	\$ 177,904.37	\$ 47.21	1.285	\$ 213.83	\$ 60.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,649
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	42	1,605	\$ 160,932.98	\$ 100.27	39.146	\$ 3831.74	\$ 3925.19
@PHYSICIANS SERVICES	4	8	\$ 218.73	\$ 27.34	.195	\$ 54.68	\$ 5.33
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	8		218.73	27.34	.195	54.68	5.33
@PHARMACY	40	310	\$	13,454.75	\$ 43.40	7.561	\$ 336.37	\$ 328.16
PRESCRIPTION DRUGS	40	310		13,454.75	43.40	7.561	336.37	328.16
SNF/ICF	40	305		13,458.56	44.13	7.439	336.46	328.26
OUTPATIENTS	2	5		3.81CR	.76CR	.122	1.91CR	.09CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	4	\$	90.00	\$ 22.50	.098	\$ 45.00	\$ 2.20
VISITS - DIAGNOSTIC	2	4		90.00	22.50	.098	45.00	2.20
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,650
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.024	\$ 47.45	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.024	47.45	1.16
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 41.58	\$ 13.86	.073	\$ 13.86	\$ 1.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	41.58	13.86	.073	13.86	1.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	5	\$	118.08	\$	23.62	.122	\$	59.04	\$	2.88
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	5		118.08		23.62	.122		59.04		2.88
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	5		118.08		23.62	.122		59.04		2.88
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,651
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5	\$ 118.08	\$ 23.62	.122	\$ 59.04	\$ 2.88
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2	5		118.08	23.62	.122	59.04	2.88
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5		118.08	23.62	.122	59.04	2.88
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	26	787	\$	82,817.40	\$ 105.23	19.195	\$ 3185.28	\$ 2019.94
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	26	787		82,817.40	105.23	19.195	3185.28	2019.94
@INTERMEDIATE CARE FACIL.-DD	10	383	\$	53,331.61	\$ 139.25	9.341	\$ 5333.16	\$ 1300.77
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	6	222		25,787.42	116.16	5.415	4297.90	628.96
ICF DDN/DDCN	4	161		27,544.19	171.08	3.927	6886.05	671.81
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,652
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	104	\$ 10,813.38	\$ 103.97	2.537	\$ 1081.34	\$ 263.74
DURABLE MED. EQUIP.	3	15	2,320.00	154.67	.366	773.33	56.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	8	89.60	11.20	.195	44.80	2.19
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	8	89.60	11.20	.195	44.80	2.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	76.02	38.01	.049	38.01	1.85
SPEECH AND AUDIOLOGY	2	3	174.48	58.16	.073	87.24	4.26
HOSPICE SERVICES	3	76	8,153.28	107.28	1.854	2717.76	198.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12	24	\$ 1,503.49	\$ 62.65	.585	\$ 125.29	\$ 36.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,653
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	252	15,774	\$ 950,502.17	\$ 60.26	69.489	\$ 3771.83	\$ 4187.23
@PHYSICIANS SERVICES	48	80	\$ 1,458.39	\$ 18.23	.352	\$ 30.38	\$ 6.42
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	19	26	704.48	27.10	.115	37.08	3.10
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	19	26	704.48	27.10	.115	37.08	3.10
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.004	46.44	.20
EXAMINATIONS	1	1	46.44	46.44	.004	46.44	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	7	224.73	32.10	.031	112.37	.99
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	224.73	32.10	.031	112.37	.99
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	46	482.74	10.49	.203	18.57	2.13
@PHARMACY	186	5,754	\$ 77,458.02	\$ 13.46	25.348	\$ 416.44	\$ 341.22
PRESCRIPTION DRUGS	186	1,248	74,296.91	59.53	5.498	399.45	327.30
SNF/ICF	172	1,151	68,438.21	59.46	5.070	397.90	301.49
OUTPATIENTS	18	97	5,858.70	60.40	.427	325.48	25.81
MEDICAL SUPPLIES	14	4,506	3,161.11	.70	19.850	225.79	13.93
@DENTIST	20	46	\$ 1,343.00	\$ 29.20	.203	\$ 67.15	\$ 5.92
VISITS - DIAGNOSTIC	18	39	742.00	19.03	.172	41.22	3.27
ORAL SURGERY	1	3	121.00	40.33	.013	121.00	.53
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.004	200.00	.88
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	280.00	93.33	.013	140.00	1.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 8,654 01/17/03

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.013	\$ 53.11	\$.23
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.013	53.11	.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	10	\$ 104.89	\$ 10.49	.044	\$ 10.49	\$.46

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	10	10		104.89	10.49	.044	10.49	.46
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	102	\$	4,113.34	\$ 40.33	.449	\$ 216.49	\$ 18.12
HOSP INPATIENT TOTAL	3	32		1,710.75	53.46	.141	570.25	7.54
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	32		1,710.75	53.46	.141	570.25	7.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	70		2,402.59	34.32	.308	150.16	10.58
MEDICAL	0	0		59.65	.00	.000	.00	.26
SURGERY	1	1		60.89	60.89	.004	60.89	.27
PATHOLOGY	4	10		117.62	11.76	.044	29.41	.52
RADIOLOGY	1	1		53.52	53.52	.004	53.52	.24
ROOM USE	1	2		205.88	102.94	.009	205.88	.91
CROSSOVERS/ALL OTH OUTPTNT	12	56		1,905.03	34.02	.247	158.75	8.39
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							
								AID CODE
								----- MONTHLY AVERAGE -----
227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	102	\$	4,113.34	\$ 40.33	.449	\$ 216.49	\$ 18.12
COMM HOSP INPATIENT TOTAL	3	32		1,710.75	53.46	.141	570.25	7.54
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	32		1,710.75	53.46	.141	570.25	7.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	70		2,402.59	34.32	.308	150.16	10.58
MEDICAL	0	0		59.65	.00	.000	.00	.26
SURGERY	1	1		60.89	60.89	.004	60.89	.27
PATHOLOGY	4	10		117.62	11.76	.044	29.41	.52
RADIOLOGY	1	1		53.52	53.52	.004	53.52	.24
ROOM USE	1	2		205.88	102.94	.009	205.88	.91
CROSSOVERS/ALL OTH OUTPTNT	12	56		1,905.03	34.02	.247	158.75	8.39
@STATE HOSPITAL	7	212	\$	91,450.59	\$ 431.37	.934	\$ 13064.37	\$ 402.87
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212		91,450.59	431.37	.934	13064.37	402.87
@NURSING FACILITY	180	5,535	\$	635,287.84	\$ 114.78	24.383	\$ 3529.38	\$ 2798.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	180	5,535		635,287.84	114.78	24.383	3529.38	2798.62
@INTERMEDIATE CARE FACIL.-DD	21	678	\$	97,593.24	\$ 143.94	2.987	\$ 4647.30	\$ 429.93
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	8	273		28,964.83	106.10	1.203	3620.60	127.60
ICF DDN/DDCN	13	405		68,628.41	169.45	1.784	5279.11	302.33
@HEMODIALYSIS TOTAL	5	7	\$	3,531.06	\$ 504.44	.031	\$ 706.21	\$ 15.56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	7		3,531.06	504.44	.031	706.21	15.56
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	12	\$	126.61	\$ 10.55	.053	\$ 18.09	\$.56
PATHOLOGY	6	11		124.12	11.28	.048	20.69	.55
XO AND OTHERS	1	1		2.49	2.49	.004	2.49	.01
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	197.00	\$ 197.00	.004	\$ 197.00	\$.87
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		197.00	197.00	.004	197.00	.87

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

PAGE 8,656
01/17/03

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	AID CODE		
					----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	50	3,334	\$ 37,785.08	\$ 11.33	14.687	\$ 755.70	\$ 166.45
DURABLE MED. EQUIP.	15	76	10,835.63	142.57	.335	722.38	47.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	3,025	9,062.20	3.00	13.326	755.18	39.92
AMBULANCES/AIR TRANS	1	1	9.88	9.88	.004	9.88	.04
OTHER TRANS	6	2,947	8,741.25	2.97	12.982	1456.88	38.51
OTHER SERVICES	5	77	311.07	4.04	.339	62.21	1.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.097	147.11	1.30
OPTICIAN	2	4	42.72	10.68	.018	21.36	.19
PHYSICAL THERAPIST	1	1	34.84	34.84	.004	34.84	.15
PORTABLE X-RAY	1	3	64.14	21.38	.013	64.14	.28
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	76.02	38.01	.009	38.01	.33
SPEECH AND AUDIOLOGY	10	27	1,234.03	45.70	.119	123.40	5.44
HOSPICE SERVICES	6	159	16,092.00	101.21	.700	2682.00	70.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	15	49.28	3.29	.066	12.32	.22
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	74	1,995	\$ 14,693.96	\$ 7.37	8.789	\$ 198.57	\$ 64.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,657
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00						
OFFICE VISITS	0	0	.00	.00	.000	.00	.00						
HOME VISITS	0	0	.00	.00	.000	.00	.00						
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00						
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00						
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00						
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00						
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00						
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00						
CRITICAL CARE	0	0	.00	.00	.000	.00	.00						
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00						
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00						
EXAMINATIONS	0	0	.00	.00	.000	.00	.00						
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00						
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00						
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00						
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00						
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00						
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00						
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00						
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00						
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00						
DIALYSIS	0	0	.00	.00	.000	.00	.00						
PATHOLOGY	0	0	.00	.00	.000	.00	.00						
RADIOLOGY	0	0	.00	.00	.000	.00	.00						
PSYCHIATRY	0	0	.00	.00	.000	.00	.00						
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00						
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00						
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00						
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00						
SNF/ICF	0	0	.00	.00	.000	.00	.00						
OUTPATIENTS	0	0	.00	.00	.000	.00	.00						
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00						
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00						
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00						
ORAL SURGERY	0	0	.00	.00	.000	.00	.00						
DRUGS	0	0	.00	.00	.000	.00	.00						
ANESTHESIA	0	0	.00	.00	.000	.00	.00						
PERIODONTICS	0	0	.00	.00	.000	.00	.00						
ENDODONTICS	0	0	.00	.00	.000	.00	.00						
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00						
PROSTHETICS	0	0	.00	.00	.000	.00	.00						
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00						
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00						
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00						
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00						
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00						
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,658						
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03						
NEVADA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES												
							DISCONTIN						
							----- MONTHLY AVERAGE -----						
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER						
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE						
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00					
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00						

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

----- MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 8,660
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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,661
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

3,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,110	120,116	\$ 9,835,828.10	\$ 81.89	37.525	\$ 3162.65	\$ 3072.74
@PHYSICIANS SERVICES	239	433	\$ 7,156.38	\$ 16.53	.135	\$ 29.94	\$ 2.24
OUTPATIENT VISITS	1	1	108.08	108.08	.000	108.08	.03
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	34	45	1,259.01	27.98	.014	37.03	.39
HOSPITAL VISITS	1	3	155.70	51.90	.001	155.70	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	33	42	1,103.31	26.27	.013	33.43	.34
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	2	7	224.73	32.10	.002	112.37	.07
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	224.73	32.10	.002	112.37	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	6.92	6.92	.000	6.92	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	204	378	5,511.20	14.58	.118	27.02	1.72
@PHARMACY	2,520	23,533	\$ 737,221.09	\$ 31.33	7.352	\$ 292.55	\$ 230.31
PRESCRIPTION DRUGS	2,512	16,490	727,892.26	44.14	5.152	289.77	227.40
SNF/ICF	2,328	15,400	687,133.35	44.62	4.811	295.16	214.66
OUTPATIENTS	254	1,090	40,758.91	37.39	.341	160.47	12.73
MEDICAL SUPPLIES	105	7,043	9,328.83	1.32	2.200	88.85	2.91
@DENTIST	175	378	\$ 12,922.50	\$ 34.19	.118	\$ 73.84	\$ 4.04
VISITS - DIAGNOSTIC	153	289	5,978.50	20.69	.090	39.08	1.87
ORAL SURGERY	16	38	1,217.00	32.03	.012	76.06	.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.06
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.08
RESTORATIVE DENTISTRY	9	22	1,117.00	50.77	.007	124.11	.35
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	19	27	4,120.00	152.59	.008	216.84	1.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1CR	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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NEVADA COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

3,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	48	\$ 865.35	\$ 18.03	.015	\$ 41.21	\$.27
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.001	47.45	.03
EYE APPLIANCES	15	40	664.05	16.60	.012	44.27	.21
OTHER OPTOMETRIC SERVICES	4	6	106.40	17.73	.002	26.60	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	313	318	\$ 3,206.77	\$ 10.08	.099	\$ 10.25	\$ 1.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	313	318	3,206.77	10.08	.099	10.25	1.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	561	\$ 35,098.67	\$ 62.56	.175	\$ 319.08	\$ 10.96
HOSP INPATIENT TOTAL	34	197	26,557.97	134.81	.062	781.12	8.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	1,882.65	627.55	.001	1882.65	.59
ACCOMMODATIONS	1	3	756.00	252.00	.001	756.00	.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	756.00	252.00	.001	756.00	.24
ANCILLARIES	1	0	1,126.65	.00	.000	1126.65	.35
INPATIENT CROSSOVERS	33	194	24,675.32	127.19	.061	747.74	7.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	77	364	8,540.70	23.46	.114	110.92	2.67
MEDICAL	0	0	59.65	.00	.000	.00	.02
SURGERY	1	1	60.89	60.89	.000	60.89	.02
PATHOLOGY	8	21	237.97	11.33	.007	29.75	.07
RADIOLOGY	1	1	53.52	53.52	.000	53.52	.02
ROOM USE	1	2	205.88	102.94	.001	205.88	.06
CROSSOVERS/ALL OTH OUTPTNT	69	339	7,922.79	23.37	.106	114.82	2.48
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,201 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	110	561	\$ 35,098.67	\$ 62.56	.175	\$ 319.08	\$ 10.96
COMM HOSP INPATIENT TOTAL	34	197	26,557.97	134.81	.062	781.12	8.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	1,882.65	627.55	.001	1882.65	.59
ACCOMMODATIONS	1	3	756.00	252.00	.001	756.00	.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	756.00	252.00	.001	756.00	.24
ANCILLARIES	1	0	1,126.65	.00	.000	1126.65	.35
INPATIENT CROSSOVERS	33	194	24,675.32	127.19	.061	747.74	7.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	77	364	8,540.70	23.46	.114	110.92	2.67
MEDICAL	0	0	59.65	.00	.000	.00	.02
SURGERY	1	1	60.89	60.89	.000	60.89	.02
PATHOLOGY	8	21	237.97	11.33	.007	29.75	.07
RADIOLOGY	1	1	53.52	53.52	.000	53.52	.02
ROOM USE	1	2	205.88	102.94	.001	205.88	.06
CROSSOVERS/ALL OTH OUTPTNT	69	339	7,922.79	23.37	.106	114.82	2.48
@STATE HOSPITAL	7	212	\$ 91,450.59	\$ 431.37	.066	\$ 13064.37	\$ 28.57
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212	91,450.59	431.37	.066	13064.37	28.57
@NURSING FACILITY	2,706	84,336	\$ 8,604,395.60	\$ 102.03	26.347	\$ 3179.75	\$ 2688.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	220	20,497.80	93.17	.069	2928.26	6.40
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,700	84,116	8,583,897.80	102.05	26.278	3179.22	2681.63
@INTERMEDIATE CARE FACIL.-DD	31	1,061	\$ 150,924.85	\$ 142.25	.331	\$ 4868.54	\$ 47.15
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	14	495	54,752.25	110.61	.155	3910.88	17.10
ICF DDN/DDCN	17	566	96,172.60	169.92	.177	5657.21	30.04
@HEMODIALYSIS TOTAL	6	9	\$ 4,546.96	\$ 505.22	.003	\$ 757.83	\$ 1.42
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	9	4,546.96	505.22	.003	757.83	1.42
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	242	\$ 152.31	\$.63	.076	\$ 13.85	\$.05
PATHOLOGY	6	11	124.12	11.28	.003	20.69	.04
XO AND OTHERS	5	231	28.19	.12	.072	5.64	.01
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 197.00	\$ 197.00	.000	\$ 197.00	\$.06
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	197.00	197.00	.000	197.00	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,664
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						

3,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	295	8,984	\$ 187,690.03	\$ 20.89	2.807	\$ 636.24	\$ 58.63
DURABLE MED. EQUIP.	93	428	43,595.29	101.86	.134	468.77	13.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	15	1,252.47	83.50	.005	104.37	.39
MEDICAL TRANSPORTATION	58	3,527	11,647.00	3.30	1.102	200.81	3.64
AMBULANCES/AIR TRANS	4	12	464.10	38.68	.004	116.03	.14
OTHER TRANS	38	3,267	9,953.93	3.05	1.021	261.95	3.11
OTHER SERVICES	17	248	1,228.97	4.96	.077	72.29	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	20	1,330.80	66.54	.006	665.40	.42
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.007	147.11	.09
OPTICIAN	22	49	609.50	12.44	.015	27.70	.19
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	12	21	97.00	4.62	.007	8.08	.03
PROSTHETIST/ORTHOTISTS	3	5	71.54	14.31	.002	23.85	.02
PROSTHETICS	3	5	71.54	14.31	.002	23.85	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	152.04	38.01	.001	38.01	.05
SPEECH AND AUDIOLOGY	24	48	2,664.51	55.51	.015	111.02	.83
HOSPICE SERVICES	54	1,218	121,614.19	99.85	.381	2252.11	37.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	3,626	4,326.63	1.19	1.133	139.57	1.35
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	918	5,787	\$ 194,101.82	\$ 33.54	1.808	\$ 211.44	\$ 60.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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5,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,993	119,544	\$ 9,741,276.90	\$ 81.49	20.470	\$ 1950.99	\$ 1668.03
@PHYSICIANS SERVICES	552	1,383	\$ 24,620.89	\$ 17.80	.237	\$ 44.60	\$ 4.22
OUTPATIENT VISITS	23	34	1,216.97	35.79	.006	52.91	.21
OFFICE VISITS	19	29	784.71	27.06	.005	41.30	.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	432.26	86.45	.001	86.45	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	22	44	1,688.69	38.38	.008	76.76	.29
HOSPITAL VISITS	8	28	1,289.86	46.07	.005	161.23	.22
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	16	398.83	24.93	.003	28.49	.07
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	139.24	139.24	.000	139.24	.02
PRINCIPAL SURGEON	1	1	139.24	139.24	.000	139.24	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	29	103.17	3.56	.005	12.90	.02
RADIOLOGY	7	17	310.90	18.29	.003	44.41	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	518	1,258	21,161.92	16.82	.215	40.85	3.62
@PHARMACY	4,080	25,571	\$ 1,061,925.50	\$ 41.53	4.379	\$ 260.28	\$ 181.84
PRESCRIPTION DRUGS	4,057	21,716	1,050,277.78	48.36	3.718	258.88	179.84
SNF/ICF	2,257	14,712	641,379.87	43.60	2.519	284.17	109.83
OUTPATIENTS	1,889	7,004	408,897.91	58.38	1.199	216.46	70.02
MEDICAL SUPPLIES	164	3,855	11,647.72	3.02	.660	71.02	1.99
@DENTIST	268	788	\$ 33,571.29	\$ 42.60	.135	\$ 125.27	\$ 5.75
VISITS - DIAGNOSTIC	207	457	8,339.50	18.25	.078	40.29	1.43
ORAL SURGERY	33	151	5,331.00	35.30	.026	161.55	.91
DRUGS	1	2	15.00	7.50	.000	15.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.03
ENDODONTICS	4	5	1,210.00	242.00	.001	302.50	.21
RESTORATIVE DENTISTRY	35	91	6,160.75	67.70	.016	176.02	1.05
PROSTHETICS	5	5	120.00	24.00	.001	24.00	.02
DENTURES, STAYPLATES	40	75	11,995.04	159.93	.013	299.88	2.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1CR	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,666
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					----- MONTHLY AVERAGE -----			
5,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	59	134	\$ 2,430.34	\$ 18.14	.023	\$ 41.19	\$.42	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.02	
EYE APPLIANCES	38	101	1,735.55	17.18	.017	45.67	.30	
OTHER OPTOMETRIC SERVICES	21	31	599.89	19.35	.005	28.57	.10	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	339	356	\$ 3,499.56	\$ 9.83	.061	\$ 10.32	\$.60	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	339	356	3,499.56	9.83	.061	10.32	.60	
@HOME HEALTH AGENCY	2	8	\$ 524.05	\$ 65.51	.001	\$ 262.03	\$.09	
NURSE ANESTHESIST	2	46	\$ 99.37	\$ 2.16	.008	\$ 49.69	\$.02	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	5.82	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	356	1,921	\$	122,245.29	\$	63.64	.329	\$	343.39	\$	20.93
HOSP INPATIENT TOTAL	86	421		85,028.63		201.97	.072		988.71		14.56
HSC HOSPITALS	1	6		5,700.00		950.00	.001		5700.00		.98
NON-HSC HOSPITAL TOTAL	3	10		16,897.55		1689.76	.002		5632.52		2.89
ACCOMMODATIONS	3	10		3,962.79		396.28	.002		1320.93		.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	10		3,962.79		396.28	.002		1320.93		.68
ANCILLARIES	3	0		12,934.76		.00	.000		4311.59		2.21
INPATIENT CROSSOVERS	83	405		62,431.08		154.15	.069		752.18		10.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	281	1,500		37,216.66		24.81	.257		132.44		6.37
MEDICAL	5	10		893.94		89.39	.002		178.79		.15
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	59		684.35		11.60	.010		62.21		.12
RADIOLOGY	7	13		2,180.43		167.73	.002		311.49		.37
ROOM USE	5	5		195.14		39.03	.001		39.03		.03
CROSSOVERS/ALL OTH OUTPTNT	267	1,413		33,262.80		23.54	.242		124.58		5.70
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	5,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	356		1,921	\$ 122,245.29	\$ 63.64	.329	\$ 343.39	\$ 20.93
COMM HOSP INPATIENT TOTAL	86		421	85,028.63	201.97	.072	988.71	14.56
HSC HOSPITALS	1		6	5,700.00	950.00	.001	5700.00	.98
NON-HSC HOSPITALS TOTAL	3		10	16,897.55	1689.76	.002	5632.52	2.89
ACCOMMODATIONS	3		10	3,962.79	396.28	.002	1320.93	.68
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		10	3,962.79	396.28	.002	1320.93	.68
ANCILLARIES	3		0	12,934.76	.00	.000	4311.59	2.21
INPATIENT CROSSOVERS	83		405	62,431.08	154.15	.069	752.18	10.69
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	281		1,500	37,216.66	24.81	.257	132.44	6.37
MEDICAL	5		10	893.94	89.39	.002	178.79	.15
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	11		59	684.35	11.60	.010	62.21	.12
RADIOLOGY	7		13	2,180.43	167.73	.002	311.49	.37
ROOM USE	5		5	195.14	39.03	.001	39.03	.03
CROSSOVERS/ALL OTH OUTPTNT	267		1,413	33,262.80	23.54	.242	124.58	5.70
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,661		81,171	\$ 8,284,385.23	\$ 102.06	13.899	\$ 3113.26	\$ 1418.56
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7		220	20,497.80	93.17	.038	2928.26	3.51
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,655		80,951	8,263,887.43	102.09	13.861	3112.58	1415.05
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1		2	\$ 1,015.90	\$ 507.95	.000	\$ 1015.90	\$.17
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1		2	1,015.90	507.95	.000	1015.90	.17
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7		233	\$ 155.08	\$.67	.040	\$ 22.15	\$.03
PATHOLOGY	0		0	.00	.00	.000	.00	.00
XO AND OTHERS	7		233	155.08	.67	.040	22.15	.03
@ORGANIZED OUTPATIENT CLINIC	66		121	\$ 13,099.21	\$ 108.26	.021	\$ 198.47	\$ 2.24
CLINIC	1		1	8.08	8.08	.000	8.08	.00

SURGICENTER	2	2	399.76	199.88	.000	199.88	.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	118	12,691.37	107.55	.020	201.45	2.17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,668
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDEY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,840 ELIGIBLES							
@ALL OTHER PROVIDERS	533	7,810	\$ 193,699.37	\$ 24.80	1.337	\$ 363.41	\$ 33.17
DURABLE MED. EQUIP.	87	372	33,228.40	89.32	.064	381.94	5.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	36	8,340.36	231.68	.006	320.78	1.43
MEDICAL TRANSPORTATION	61	1,081	4,222.61	3.91	.185	69.22	.72
AMBULANCES/AIR TRANS	7	23	780.06	33.92	.004	111.44	.13
OTHER TRANS	38	455	1,521.66	3.34	.078	40.04	.26
OTHER SERVICES	17	603	1,920.89	3.19	.103	112.99	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	36	421	28,171.68	66.92	.072	782.55	4.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	67	153	1,986.24	12.98	.026	29.65	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	13	23	37.13	1.61	.004	2.86	.01
PROSTHETIST/ORTHOTISTS	8	16	342.88	21.43	.003	42.86	.06
PROSTHETICS	8	16	342.88	21.43	.003	42.86	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	28	2,285.49	81.62	.005	114.27	.39
HOSPICE SERVICES	48	1,029	102,325.83	99.44	.176	2131.79	17.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	194	4,651	12,758.75	2.74	.796	65.77	2.18
@CALIF. CHILDREN SERVICES*	0	3CR	\$ 68.52CR	\$ 22.84	.001CR\$	.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	1,593	7,254	\$ 322,207.20	\$ 44.42	1.242	\$ 202.26	\$ 55.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,669
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDEY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
60 ELIGIBLES							
@TOTAL, ALL PROVIDERS	50	1,747	\$ 173,576.19	\$ 99.36	29.117	\$ 3471.52	\$ 2892.94
@PHYSICIANS SERVICES	5	10	\$ 287.08	\$ 28.71	.167	\$ 57.42	\$ 4.78
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	10		287.08	28.71	.167	57.42	4.78
@PHARMACY	47	352	\$	15,975.70	\$ 45.39	5.867	\$ 339.91	\$ 266.26
PRESCRIPTION DRUGS	46	349		15,607.46	44.72	5.817	339.29	260.12
SNF/ICF	43	331		14,424.32	43.58	5.517	335.45	240.41
OUTPATIENTS	5	18		1,183.14	65.73	.300	236.63	19.72
MEDICAL SUPPLIES	2	3		368.24	122.75	.050	184.12	6.14
@DENTIST	3	9	\$	134.00	\$ 14.89	.150	\$ 44.67	\$ 2.23
VISITS - DIAGNOSTIC	3	9		134.00	14.89	.150	44.67	2.23
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

PAGE 8,670 01/17/03

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.017	\$ 47.45	\$.79
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.017	47.45	.79
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 47.38	\$ 11.85	.067	\$ 11.85	\$.79

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	4	4		47.38	11.85	.067	11.85	.79
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	3	14	\$	167.90	\$	.233	\$	55.97
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	14		167.90	11.99	.233	55.97	2.80
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	14		167.90	11.99	.233	55.97	2.80
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,671
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	14	\$ 167.90	\$ 11.99	.233	\$ 55.97	\$ 2.80
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	14		167.90	11.99	.233	55.97	2.80
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	14		167.90	11.99	.233	55.97	2.80
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	29	867	\$	92,148.93	\$ 106.28	14.450	\$ 3177.55	\$ 1535.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	29	867		92,148.93	106.28	14.450	3177.55	1535.82
@INTERMEDIATE CARE FACIL.-DD	10	383	\$	53,331.61	\$ 139.25	6.383	\$ 5333.16	\$ 888.86
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	6	222		25,787.42	116.16	3.700	4297.90	429.79
ICF DDN/DDCN	4	161		27,544.19	171.08	2.683	6886.05	459.07
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,672
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	107	\$ 11,436.14	\$ 106.88	1.783	\$ 1039.65	\$ 190.60
DURABLE MED. EQUIP.	3	15	2,320.00	154.67	.250	773.33	38.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	622.76	207.59	.050	622.76	10.38
MEDICAL TRANSPORTATION	2	8	89.60	11.20	.133	44.80	1.49
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	8	89.60	11.20	.133	44.80	1.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	76.02	38.01	.033	38.01	1.27
SPEECH AND AUDIOLOGY	2	3	174.48	58.16	.050	87.24	2.91
HOSPICE SERVICES	3	76	8,153.28	107.28	1.267	2717.76	135.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	6	\$ 790.35	\$ 131.73	.100	\$ 395.18	\$ 13.17
@XOVER EXCLUDING STATE HOSP**	15	36	\$ 1,742.19	\$ 48.39	.600	\$ 116.15	\$ 29.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,673
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

2,597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,383	49,821	\$ 3,053,869.92	\$ 61.30	19.184	\$ 1281.52	\$ 1175.92
@PHYSICIANS SERVICES	647	2,697	\$ 93,829.85	\$ 34.79	1.039	\$ 145.02	\$ 36.13

OUTPATIENT VISITS	285	525		17,942.38	34.18	.202	62.96	6.91
OFFICE VISITS	234	418		11,824.24	28.29	.161	50.53	4.55
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	68	88		5,620.94	63.87	.034	82.66	2.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	19		497.20	26.17	.007	26.17	.19
INPATIENT VISITS	69	269		12,198.95	45.35	.104	176.80	4.70
HOSPITAL VISITS	46	219		9,002.67	41.11	.084	195.71	3.47
CRITICAL CARE	4	20		2,369.30	118.47	.008	592.33	.91
SNF/ICF/TRANS IP CARE	23	30		826.98	27.57	.012	35.96	.32
OPHTHALMOLOGICAL SERVICES	14	14		616.15	44.01	.005	44.01	.24
EXAMINATIONS	14	14		616.15	44.01	.005	44.01	.24
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	163		17,501.81	107.37	.063	648.22	6.74
PRINCIPAL SURGEON	19	33		12,179.79	369.08	.013	641.04	4.69
ASSISTANT SURGEON	4	6		1,798.95	299.83	.002	449.74	.69
ANESTHESIOLOGIST	13	124		3,523.07	28.41	.048	271.01	1.36
OUTPATIENT SURGERY	37	74		7,782.25	105.17	.028	210.33	3.00
PRINCIPAL SURGEON	33	44		6,950.75	157.97	.017	210.63	2.68
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	30		831.50	27.72	.012	118.79	.32
DIALYSIS	1	27		303.08	11.23	.010	303.08	.12
PATHOLOGY	59	195		4,507.12	23.11	.075	76.39	1.74
RADIOLOGY	152	371		11,364.68	30.63	.143	74.77	4.38
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	30	110		2,467.68	22.43	.042	82.26	.95
OTHER SERVICES/ALL X-OVERS	334	949		19,145.75	20.17	.365	57.32	7.37
@PHARMACY	1,920	18,180	\$	1,412,169.66	\$ 77.68	7.000	\$ 735.51	\$ 543.77
PRESCRIPTION DRUGS	1,905	9,377		1,397,059.96	148.99	3.611	733.36	537.95
SNF/ICF	194	1,259		85,589.87	67.98	.485	441.18	32.96
OUTPATIENTS	1,716	8,118		1,311,470.09	161.55	3.126	764.26	504.99
MEDICAL SUPPLIES	111	8,803		15,109.70	1.72	3.390	136.12	5.82
@DENTIST	160	634	\$	34,222.50	\$ 53.98	.244	\$ 213.89	\$ 13.18
VISITS - DIAGNOSTIC	109	340		5,411.50	15.92	.131	49.65	2.08
ORAL SURGERY	24	140		5,664.00	40.46	.054	236.00	2.18
DRUGS	2	2		25.00	12.50	.001	12.50	.01
ANESTHESIA	4	5		500.00	100.00	.002	125.00	.19
PERIODONTICS	3	3		455.00	151.67	.001	151.67	.18
ENDODONTICS	9	13		2,838.00	218.31	.005	315.33	1.09
RESTORATIVE DENTISTRY	36	92		10,185.00	110.71	.035	282.92	3.92
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	20	36		9,144.00	254.00	.014	457.20	3.52
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,674
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

	2,597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	77	226	\$	4,154.36	\$ 18.38	.087	\$ 53.95	\$ 1.60
DIAGNOSTIC AND ANC. PROCED	17	18		762.97	42.39	.007	44.88	.29

EYE APPLIANCES	59	188		3,034.99		16.14	.072	51.44	1.17
OTHER OPTOMETRIC SERVICES	19	20		356.40		17.82	.008	18.76	.14
@CHIROPRACTOR	5	6	\$	67.71	\$	11.29	.002	13.54	.03
VISITS	3	3		50.16		16.72	.001	16.72	.02
OTHER SERVICES	2	3		17.55		5.85	.001	8.78	.01
@PODIATRIST	22	26	\$	360.33	\$	13.86	.010	16.38	.14
MEDICINE/INJECTIONS	6	6		152.80		25.47	.002	25.47	.06
SURGERY/ANES.	1	1		19.00		19.00	.000	19.00	.01
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	18	19		188.53		9.92	.007	10.47	.07
@HOME HEALTH AGENCY	10	59	\$	3,722.76	\$	63.10	.023	372.28	1.43
NURSE ANESTHESIST	2	15	\$	37.91	\$	2.53	.006	18.96	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	12	\$	197.40	\$	16.45	.005	21.93	.08
@TOTAL HOSPITAL	483	3,093	\$	452,618.56	\$	146.34	1.191	937.10	174.29
HOSP INPATIENT TOTAL	62	395		379,653.81		961.15	.152	6123.45	146.19
HSC HOSPITALS	8	113		126,332.00		1117.98	.044	15791.50	48.65
NON-HSC HOSPITAL TOTAL	26	146		233,287.12		1597.86	.056	8972.58	89.83
ACCOMMODATIONS	26	146		68,474.64		469.00	.056	2633.64	26.37
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	.008	4857.30	1.87
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	25	125		63,617.34		508.94	.048	2544.69	24.50
ANCILLARIES	26	0		164,812.48		.00	.000	6338.94	63.46
INPATIENT CROSSOVERS	28	136		20,034.69		147.31	.052	715.52	7.71
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	441	2,698		72,964.75		27.04	1.039	165.45	28.10
MEDICAL	64	107		5,006.24		46.79	.041	78.22	1.93
SURGERY	23	24		1,198.64		49.94	.009	52.11	.46
PATHOLOGY	164	689		9,613.80		13.95	.265	58.62	3.70
RADIOLOGY	112	279		25,053.47		89.80	.107	223.69	9.65
ROOM USE	124	183		7,066.07		38.61	.070	56.98	2.72
CROSSOVERS/ALL OTH OUTPTNT	249	1,416		25,026.53		17.67	.545	100.51	9.64
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

2,597 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	483	3,093	\$	452,618.56	\$ 146.34	1.191	\$ 937.10	\$ 174.29
COMM HOSP INPATIENT TOTAL	62	395		379,653.81	961.15	.152	6123.45	146.19
HSC HOSPITALS	8	113		126,332.00	1117.98	.044	15791.50	48.65
NON-HSC HOSPITALS TOTAL	26	146		233,287.12	1597.86	.056	8972.58	89.83
ACCOMMODATIONS	26	146		68,474.64	469.00	.056	2633.64	26.37
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.008	4857.30	1.87
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	125		63,617.34	508.94	.048	2544.69	24.50
ANCILLARIES	26	0		164,812.48	.00	.000	6338.94	63.46
INPATIENT CROSSOVERS	28	136		20,034.69	147.31	.052	715.52	7.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	441	2,698		72,964.75	27.04	1.039	165.45	28.10
MEDICAL	64	107		5,006.24	46.79	.041	78.22	1.93
SURGERY	23	24		1,198.64	49.94	.009	52.11	.46
PATHOLOGY	164	689		9,613.80	13.95	.265	58.62	3.70
RADIOLOGY	112	279		25,053.47	89.80	.107	223.69	9.65
ROOM USE	124	183		7,066.07	38.61	.070	56.98	2.72
CROSSOVERS/ALL OTH OUTPTNT	249	1,416		25,026.53	17.67	.545	100.51	9.64
@STATE HOSPITAL	7	212	\$	91,450.59	\$ 431.37	.082	\$ 13064.37	\$ 35.21
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212		91,450.59	431.37	.082	13064.37	35.21
@NURSING FACILITY	191	5,836	\$	668,304.59	\$ 114.51	2.247	\$ 3498.98	\$ 257.34
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	191	5,836		668,304.59	114.51	2.247	3498.98	257.34
@INTERMEDIATE CARE FACIL.-DD	21	678	\$	97,593.24	\$ 143.94	.261	\$ 4647.30	\$ 37.58
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	8	273		28,964.83	106.10	.105	3620.60	11.15
ICF DDN/DDCN	13	405		68,628.41	169.45	.156	5279.11	26.43
@HEMODIALYSIS TOTAL	23	210	\$	22,285.46	\$ 106.12	.081	\$ 968.93	\$ 8.58
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	210		22,285.46	106.12	.081	968.93	8.58
@REHABILITATION FACILITY	5	24	\$	554.68	\$ 23.11	.009	\$ 110.94	\$.21
HOSPITAL BASED	2	17		445.29	26.19	.007	222.65	.17
INDEPENDENT FACILITY	3	7		109.39	15.63	.003	36.46	.04
@LABORATORY FACILITY	32	121	\$	1,979.44	\$ 16.36	.047	\$ 61.86	\$.76
PATHOLOGY	30	119		1,970.37	16.56	.046	65.68	.76
XO AND OTHERS	2	2		9.07	4.54	.001	4.54	.00
@ORGANIZED OUTPATIENT CLINIC	136	244	\$	23,398.77	\$ 95.90	.094	\$ 172.05	\$ 9.01
CLINIC	2	3		74.87	24.96	.001	37.44	.03
SURGICENTER	1	1		203.18	203.18	.000	203.18	.08
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	133	240		23,120.72	96.34	.092	173.84	8.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,676
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

	2,597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	329		17,548	\$ 146,922.11	\$ 8.37	6.757	\$ 446.57	\$ 56.57
DURABLE MED. EQUIP.	43		204	20,857.02	102.24	.079	485.05	8.03
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	4	6	714.07	119.01	.002	178.52	.27
MEDICAL TRANSPORTATION	39	3,601	12,870.47	3.57	1.387	330.01	4.96
AMBULANCES/AIR TRANS	16	129	2,616.04	20.28	.050	163.50	1.01
OTHER TRANS	9	3,045	8,926.35	2.93	1.173	991.82	3.44
OTHER SERVICES	14	427	1,328.08	3.11	.164	94.86	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	61	811	42,068.96	51.87	.312	689.66	16.20
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.008	147.11	.11
OPTICIAN	76	182	2,168.96	11.92	.070	28.54	.84
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	1	3	64.14	21.38	.001	64.14	.02
PROSTHETIST/ORTHOTISTS	11	25	1,626.38	65.06	.010	147.85	.63
PROSTHETICS	11	25	1,626.38	65.06	.010	147.85	.63
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	20	275.05	13.75	.008	68.76	.11
SPEECH AND AUDIOLOGY	12	29	1,263.89	43.58	.011	105.32	.49
HOSPICE SERVICES	18	349	40,700.61	116.62	.134	2261.15	15.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	11,254	20,082.09	1.78	4.333	836.75	7.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	1,041	3,901.41	3.75	.401	70.93	1.50
@CALIF. CHILDREN SERVICES*	10	28	\$ 8,210.15	\$ 293.22	.011	\$ 821.02	\$ 3.16
@XOVER EXCLUDING STATE HOSP**	490	6,134	\$ 78,365.39	\$ 12.78	2.362	\$ 159.93	\$ 30.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

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NEVADA COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

32,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,142	81,105	\$ 4,715,519.74	\$ 58.14	2.504	\$ 311.42	\$ 145.61
@PHYSICIANS SERVICES	7,260	19,006	\$ 738,725.57	\$ 38.87	.587	\$ 101.75	\$ 22.81
OUTPATIENT VISITS	5,774	8,202	275,025.87	33.53	.253	47.63	8.49
OFFICE VISITS	4,293	5,719	171,198.27	29.94	.177	39.88	5.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,817	2,288	91,849.41	40.14	.071	50.55	2.84
PREVENTIVE CARE	3	4	180.49	45.12	.000	60.16	.01
OB VISITS/COMPRE PERI	73	107	9,561.28	89.36	.003	130.98	.30
OTHER OUTPATIENT	81	84	2,236.42	26.62	.003	27.61	.07
INPATIENT VISITS	317	935	50,057.58	53.54	.029	157.91	1.55
HOSPITAL VISITS	305	817	35,879.19	43.92	.025	117.64	1.11
CRITICAL CARE	23	112	13,965.59	124.69	.003	607.20	.43
SNF/ICF/TRANS IP CARE	4	6	212.80	35.47	.000	53.20	.01
OPHTHALMOLOGICAL SERVICES	58	59	2,696.88	45.71	.002	46.50	.08
EXAMINATIONS	57	57	2,644.58	46.40	.002	46.40	.08
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	304	1,458	166,812.28	114.41	.045	548.72	5.15
PRINCIPAL SURGEON	191	249	134,472.26	540.05	.008	704.04	4.15
ASSISTANT SURGEON	30	31	6,406.22	206.65	.001	213.54	.20
ANESTHESIOLOGIST	131	1,178	25,933.80	22.02	.036	197.97	.80
OUTPATIENT SURGERY	647	1,412	97,077.25	68.75	.044	150.04	3.00
PRINCIPAL SURGEON	565	703	79,625.69	113.27	.022	140.93	2.46
ASSISTANT SURGEON	4	4	426.52	106.63	.000	106.63	.01
ANESTHESIOLOGIST	135	705	17,025.04	24.15	.022	126.11	.53
DIALYSIS	6	23	1,455.82	63.30	.001	242.64	.04
PATHOLOGY	917	1,290	19,708.34	15.28	.040	21.49	.61
RADIOLOGY	1,470	2,225	64,252.94	28.88	.069	43.71	1.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	189	374	5,738.58	15.34	.012	30.36	.18
OTHER SERVICES/ALL X-OVERS	813	3,028	55,900.03	18.46	.094	68.76	1.73
@PHARMACY	7,279	19,479	\$ 1,210,776.17	\$ 62.16	.602	\$ 166.34	\$ 37.39
PRESCRIPTION DRUGS	7,234	16,361	1,056,429.75	64.57	.505	146.04	32.62
SNF/ICF	14	36	2,124.62	59.02	.001	151.76	.07
OUTPATIENTS	7,222	16,325	1,054,305.13	64.58	.504	145.99	32.56
MEDICAL SUPPLIES	125	3,118	154,346.42	49.50	.096	1234.77	4.77
@DENTIST	1,652	6,146	\$ 244,677.75	\$ 39.81	.190	\$ 148.11	\$ 7.56
VISITS - DIAGNOSTIC	1,120	3,650	62,572.35	17.14	.113	55.87	1.93
ORAL SURGERY	186	468	25,565.25	54.63	.014	137.45	.79
DRUGS	122	140	2,603.75	18.60	.004	21.34	.08
ANESTHESIA	25	26	2,450.00	94.23	.001	98.00	.08
PERIODONTICS	14	19	1,880.00	98.95	.001	134.29	.06
ENDODONTICS	116	163	31,115.00	190.89	.005	268.23	.96
RESTORATIVE DENTISTRY	626	1,497	100,599.40	67.20	.046	160.70	3.11
PROSTHETICS	9	10	330.00	33.00	.000	36.67	.01
DENTURES, STAYPLATES	28	85	9,583.00	112.74	.003	342.25	.30
SPACE MAINTAINERS	18	18	2,711.00	150.61	.001	150.61	.08
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	39	52	4,045.00	77.79	.002	103.72	.12
ALL OTHER SERVICES	11	16	375.00	23.44	.000	34.09	.01

NEVADA COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

32,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	293	847	\$ 19,802.46	\$ 23.38	.026	\$ 67.59	\$.61
DIAGNOSTIC AND ANC. PROCED	221	221	10,357.01	46.86	.007	46.86	.32
EYE APPLIANCES	222	623	9,349.11	15.01	.019	42.11	.29
OTHER OPTOMETRIC SERVICES	4	3	96.34	32.11	.000	24.09	.00
@CHIROPRACTOR	143	220	\$ 3,678.40	\$ 16.72	.007	\$ 25.72	\$.11
VISITS	143	220	3,678.40	16.72	.007	25.72	.11
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	21	\$ 908.52	\$ 43.26	.001	\$ 53.44	\$.03
MEDICINE/INJECTIONS	13	13	559.73	43.06	.000	43.06	.02
SURGERY/ANES.	1	1	84.14	84.14	.000	84.14	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	3	5	230.05	46.01	.000	76.68	.01
@HOME HEALTH AGENCY	33	141	\$ 9,083.64	\$ 64.42	.004	\$ 275.26	\$.28
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	9	26	\$ 1,024.93	\$ 39.42	.001	\$ 113.88	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	183	238	\$ 6,028.99	\$ 25.33	.007	\$ 32.95	\$.19
@TOTAL HOSPITAL	4,259	20,953	\$ 1,966,290.31	\$ 93.84	.647	\$ 461.68	\$ 60.72
HOSP INPATIENT TOTAL	316	1,153	1,440,313.25	1249.19	.036	4557.95	44.48
HSC HOSPITALS	55	250	296,775.70	1187.10	.008	5395.92	9.16
NON-HSC HOSPITAL TOTAL	258	892	1,139,290.37	1277.23	.028	4415.85	35.18
ACCOMMODATIONS	258	892	300,116.22	336.45	.028	1163.24	9.27
ADMINISTRATIVE DAYS	0	0	200.07CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	258	892	300,316.29	336.68	.028	1164.02	9.27
ANCILLARIES	258	0	839,174.15	.00	.000	3252.61	25.91
INPATIENT CROSSOVERS	7	11	4,247.18	386.11	.000	606.74	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,075	19,800	525,977.06	26.56	.611	129.07	16.24
MEDICAL	560	715	23,358.34	32.67	.022	41.71	.72
SURGERY	448	504	15,126.07	30.01	.016	33.76	.47
PATHOLOGY	1,681	5,823	80,766.52	13.87	.180	48.05	2.49
RADIOLOGY	1,177	1,615	107,901.90	66.81	.050	91.68	3.33
ROOM USE	2,714	4,157	154,863.05	37.25	.128	57.06	4.78
CROSSOVERS/ALL OTH OUTPTNT	1,784	6,986	143,961.18	20.61	.216	80.70	4.45
@COUNTY HOSPITAL TOTAL	6	50	\$ 1,599.05	\$ 31.98	.002	\$ 266.51	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	50	1,599.05	31.98	.002	266.51	.05
MEDICAL	4	4	177.39	44.35	.000	44.35	.01
SURGERY	1	3	63.94	21.31	.000	63.94	.00
PATHOLOGY	2	10	205.62	20.56	.000	102.81	.01
RADIOLOGY	1	2	40.12	20.06	.000	40.12	.00
ROOM USE	6	15	786.07	52.40	.000	131.01	.02

32,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	4,256	20,903	\$ 1,964,691.26	\$ 93.99	.645	\$	461.63	\$ 60.67
COMM HOSP INPATIENT TOTAL	316	1,153	1,440,313.25	1249.19	.036		4557.95	44.48
HSC HOSPITALS	55	250	296,775.70	1187.10	.008		5395.92	9.16
NON-HSC HOSPITALS TOTAL	258	892	1,139,290.37	1277.23	.028		4415.85	35.18
ACCOMMODATIONS	258	892	300,116.22	336.45	.028		1163.24	9.27
ADMINISTRATIVE DAYS	0	0	200.07CR	.00	.000		.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	258	892	300,316.29	336.68	.028		1164.02	9.27
ANCILLARIES	258	0	839,174.15	.00	.000		3252.61	25.91
INPATIENT CROSSEOVERS	7	11	4,247.18	386.11	.000		606.74	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	4,072	19,750	524,378.01	26.55	.610		128.78	16.19
MEDICAL	557	711	23,180.95	32.60	.022		41.62	.72
SURGERY	447	501	15,062.13	30.06	.015		33.70	.47
PATHOLOGY	1,679	5,813	80,560.90	13.86	.180		47.98	2.49
RADIOLOGY	1,176	1,613	107,861.78	66.87	.050		91.72	3.33
ROOM USE	2,711	4,142	154,076.98	37.20	.128		56.83	4.76
CROSSEOVERS/ALL OTH OUTPTNT	1,781	6,970	143,635.27	20.61	.215		80.65	4.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	1	5	\$ 576.05	\$ 115.21	.000	\$	576.05	\$.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	1	5	576.05	115.21	.000		576.05	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$	.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	9	476	\$ 16,435.35	\$ 34.53	.015	\$	1826.15	\$.51
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	9	476	16,435.35	34.53	.015		1826.15	.51
@REHABILITATION FACILITY	13	184	\$ 3,120.81	\$ 16.96	.006	\$	240.06	\$.10
HOSPITAL BASED	4	9	729.40	81.04	.000		182.35	.02
INDEPENDENT FACILITY	9	175	2,391.41	13.67	.005		265.71	.07
@LABORATORY FACILITY	680	1,380	\$ 28,172.70	\$ 20.42	.043	\$	41.43	\$.87
PATHOLOGY	680	1,380	28,172.70	20.42	.043		41.43	.87
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,562	3,211	\$ 306,537.62	\$ 95.46	.099	\$	196.25	\$ 9.47
CLINIC	398	1,244	35,633.20	28.64	.038		89.53	1.10
SURGICENTER	28	147	4,580.45	31.16	.005		163.59	.14
HEROIN DETOX CLINIC	1	4	58.40	14.60	.000		58.40	.00
RURAL HEALTH CLINIC	1,155	1,816	266,265.57	146.62	.056		230.53	8.22

32,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,394	8,772	\$ 159,680.47	\$ 18.20	.271	\$ 114.55	\$ 4.93
DURABLE MED. EQUIP.	48	97	17,714.30	182.62	.003	369.05	.55
BLOOD BANK	1	10	153.00	15.30	.000	153.00	.00
HEARING AID DISPENSERS	2	3	235.00	78.33	.000	117.50	.01
MEDICAL TRANSPORTATION	120	1,997	52,243.46	26.16	.062	435.36	1.61
AMBULANCES/AIR TRANS	116	1,830	33,820.32	18.48	.057	291.55	1.04
OTHER TRANS	2	36	108.71	3.02	.001	54.36	.00
OTHER SERVICES	14	131	18,314.43	139.80	.004	1308.17	.57
ACUPUNCTURE	1	3	59.47	19.82	.000	59.47	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	127	127	9,989.00	78.65	.004	78.65	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	257	565	5,234.79	9.27	.017	20.37	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	27	1,979.28	73.31	.001	94.25	.06
PROSTHETICS	17	21	1,761.81	83.90	.001	103.64	.05
ORTHOTICS	4	6	217.47	36.25	.000	54.37	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	18	7,829.06	434.95	.001	652.42	.24
HOSPICE SERVICES	3	215	17,281.69	80.38	.007	5760.56	.53
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	798	4,978	43,989.02	8.84	.154	55.12	1.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	732	2,972.40	4.06	.023	114.32	.09
@CALIF. CHILDREN SERVICES*	110	1,401	\$ 253,358.53	\$ 180.84	.043	\$ 2303.26	\$ 7.82
@XOVER EXCLUDING STATE HOSP**	88	391	\$ 9,084.69	\$ 23.23	.012	\$ 103.24	\$.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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40,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,568	252,217	\$ 17,684,242.75	\$ 70.12	6.170	\$ 783.60	\$ 432.58
@PHYSICIANS SERVICES	8,464	23,096	\$ 857,463.39	\$ 37.13	.565	\$ 101.31	\$ 20.97
OUTPATIENT VISITS	6,082	8,761	294,185.22	33.58	.214	48.37	7.20
OFFICE VISITS	4,546	6,166	183,807.22	29.81	.151	40.43	4.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,890	2,381	97,902.61	41.12	.058	51.80	2.39
PREVENTIVE CARE	3	4	180.49	45.12	.000	60.16	.00
OB VISITS/COMPRE PERI	73	107	9,561.28	89.36	.003	130.98	.23
OTHER OUTPATIENT	100	103	2,733.62	26.54	.003	27.34	.07
INPATIENT VISITS	408	1,248	63,945.22	51.24	.031	156.73	1.56
HOSPITAL VISITS	359	1,064	46,171.72	43.39	.026	128.61	1.13
CRITICAL CARE	27	132	16,334.89	123.75	.003	605.00	.40
SNF/ICF/TRANS IP CARE	41	52	1,438.61	27.67	.001	35.09	.04
OPHTHALMOLOGICAL SERVICES	72	73	3,313.03	45.38	.002	46.01	.08

EXAMINATIONS	71	71	3,260.73	45.93	.002	45.93	.08
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	331	1,621	184,314.09	113.70	.040	556.84	4.51
PRINCIPAL SURGEON	210	282	146,652.05	520.04	.007	698.34	3.59
ASSISTANT SURGEON	34	37	8,205.17	221.76	.001	241.33	.20
ANESTHESIOLOGIST	144	1,302	29,456.87	22.62	.032	204.56	.72
OUTPATIENT SURGERY	685	1,487	104,998.74	70.61	.036	153.28	2.57
PRINCIPAL SURGEON	599	748	86,715.68	115.93	.018	144.77	2.12
ASSISTANT SURGEON	4	4	426.52	106.63	.000	106.63	.01
ANESTHESIOLOGIST	142	735	17,856.54	24.29	.018	125.75	.44
DIALYSIS	7	50	1,758.90	35.18	.001	251.27	.04
PATHOLOGY	984	1,514	24,318.63	16.06	.037	24.71	.59
RADIOLOGY	1,629	2,613	75,928.52	29.06	.064	46.61	1.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	219	484	8,206.26	16.96	.012	37.47	.20
OTHER SERVICES/ALL X-OVERS	1,670	5,245	96,494.78	18.40	.128	57.78	2.36
@PHARMACY	13,326	63,582	\$ 3,700,847.03	\$ 58.21	1.555	\$ 277.72	\$ 90.53
PRESCRIPTION DRUGS	13,242	47,803	3,519,374.95	73.62	1.169	265.77	86.09
SNF/ICF	2,508	16,338	743,518.68	45.51	.400	296.46	18.19
OUTPATIENTS	10,832	31,465	2,775,856.27	88.22	.770	256.26	67.90
MEDICAL SUPPLIES	402	15,779	181,472.08	11.50	.386	451.42	4.44
@DENTIST	2,083	7,577	\$ 312,605.54	\$ 41.26	.185	\$ 150.07	\$ 7.65
VISITS - DIAGNOSTIC	1,439	4,456	76,457.35	17.16	.109	53.13	1.87
ORAL SURGERY	243	759	36,560.25	48.17	.019	150.45	.89
DRUGS	125	144	2,643.75	18.36	.004	21.15	.06
ANESTHESIA	31	33	3,150.00	95.45	.001	101.61	.08
PERIODONTICS	18	23	2,535.00	110.22	.001	140.83	.06
ENDODONTICS	129	181	35,163.00	194.27	.004	272.58	.86
RESTORATIVE DENTISTRY	697	1,680	116,945.15	69.61	.041	167.78	2.86
PROSTHETICS	14	15	450.00	30.00	.000	32.14	.01
DENTURES, STAYPLATES	88	196	30,722.04	156.75	.005	349.11	.75
SPACE MAINTAINERS	18	18	2,711.00	150.61	.000	150.61	.07

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	39	52	4,045.00	77.79	.001	103.72	.10
ALL OTHER SERVICES	13	18	375.00	20.83	.000	28.85	.01

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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40,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	430	1,208	\$ 26,434.61	\$ 21.88	.030	\$ 61.48	\$.65
DIAGNOSTIC AND ANC. PROCED	241	242	11,262.33	46.54	.006	46.73	.28
EYE APPLIANCES	319	912	14,119.65	15.48	.022	44.26	.35
OTHER OPTOMETRIC SERVICES	44	54	1,052.63	19.49	.001	23.92	.03
@CHIROPRACTOR	148	226	\$ 3,746.11	\$ 16.58	.006	\$ 25.31	\$.09
VISITS	146	223	3,728.56	16.72	.005	25.54	.09
OTHER SERVICES	2	3	17.55	5.85	.000	8.78	.00
@PODIATRIST	382	407	\$ 4,815.79	\$ 11.83	.010	\$ 12.61	\$.12
MEDICINE/INJECTIONS	19	19	712.53	37.50	.000	37.50	.02
SURGERY/ANES.	2	2	103.14	51.57	.000	51.57	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	364	384	3,965.52	10.33	.009	10.89	.10
@HOME HEALTH AGENCY	45	208	\$ 13,330.45	\$ 64.09	.005	\$ 296.23	\$.33
NURSE ANESTHESIST	4	61	\$ 137.28	\$ 2.25	.001	\$ 34.32	\$.00
NURSE MIDWIFE	9	26	\$ 1,024.93	\$ 39.42	.001	\$ 113.88	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	192	250	\$ 6,232.21	\$ 24.93	.006	\$ 32.46	\$.15
@TOTAL HOSPITAL	5,101	25,981	\$ 2,541,322.06	\$ 97.81	.636	\$ 498.20	\$ 62.16
HOSP INPATIENT TOTAL	464	1,969	1,904,995.69	967.49	.048	4105.59	46.60
HSC HOSPITALS	64	369	428,807.70	1162.08	.009	6700.12	10.49
NON-HSC HOSPITAL TOTAL	287	1,048	1,389,475.04	1325.83	.026	4841.38	33.99
ACCOMMODATIONS	287	1,048	372,553.65	355.49	.026	1298.10	9.11
ADMINISTRATIVE DAYS	1	21	4,657.23	221.77	.001	4657.23	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	286	1,027	367,896.42	358.22	.025	1286.35	9.00
ANCILLARIES	287	0	1,016,921.39	.00	.000	3543.28	24.88
INPATIENT CROSSOVERS	118	552	86,712.95	157.09	.014	734.86	2.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,800	24,012	636,326.37	26.50	.587	132.57	15.57
MEDICAL	629	832	29,258.52	35.17	.020	46.52	.72
SURGERY	471	528	16,324.71	30.92	.013	34.66	.40
PATHOLOGY	1,856	6,571	91,064.67	13.86	.161	49.07	2.23
RADIOLOGY	1,296	1,907	135,135.80	70.86	.047	104.27	3.31
ROOM USE	2,843	4,345	162,124.26	37.31	.106	57.03	3.97
CROSSOVERS/ALL OTH OUTPTNT	2,303	9,829	202,418.41	20.59	.240	87.89	4.95
@COUNTY HOSPITAL TOTAL	6	50	\$ 1,599.05	\$ 31.98	.001	\$ 266.51	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	6	50	1,599.05	31.98	.001	266.51	.04
MEDICAL	4	4	177.39	44.35	.000	44.35	.00
SURGERY	1	3	63.94	21.31	.000	63.94	.00
PATHOLOGY	2	10	205.62	20.56	.000	102.81	.01
RADIOLOGY	1	2	40.12	20.06	.000	40.12	.00
ROOM USE	6	15	786.07	52.40	.000	131.01	.02
CROSSEOVERS/ALL OTH OUTPTNT	4	16	325.91	20.37	.000	81.48	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,683

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	40,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,098	25,931	\$	2,539,723.01	\$ 97.94	.634	\$ 498.18	\$ 62.12
COMM HOSP INPATIENT TOTAL	464	1,969		1,904,995.69	967.49	.048	4105.59	46.60
HSC HOSPITALS	64	369		428,807.70	1162.08	.009	6700.12	10.49
NON-HSC HOSPITALS TOTAL	287	1,048		1,389,475.04	1325.83	.026	4841.38	33.99
ACCOMMODATIONS	287	1,048		372,553.65	355.49	.026	1298.10	9.11
ADMINISTRATIVE DAYS	1	21		4,657.23	221.77	.001	4657.23	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	286	1,027		367,896.42	358.22	.025	1286.35	9.00
ANCILLARIES	287	0		1,016,921.39	.00	.000	3543.28	24.88
INPATIENT CROSSEOVERS	118	552		86,712.95	157.09	.014	734.86	2.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,797	23,962		634,727.32	26.49	.586	132.32	15.53
MEDICAL	626	828		29,081.13	35.12	.020	46.46	.71
SURGERY	470	525		16,260.77	30.97	.013	34.60	.40
PATHOLOGY	1,854	6,561		90,859.05	13.85	.160	49.01	2.22
RADIOLOGY	1,295	1,905		135,095.68	70.92	.047	104.32	3.30
ROOM USE	2,840	4,330		161,338.19	37.26	.106	56.81	3.95
CROSSEOVERS/ALL OTH OUTPTNT	2,300	9,813		202,092.50	20.59	.240	87.87	4.94
@STATE HOSPITAL	7	212	\$	91,450.59	\$ 431.37	.005	\$ 13064.37	\$ 2.24
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212		91,450.59	431.37	.005	13064.37	2.24
@NURSING FACILITY	2,882	87,879	\$	9,045,414.80	\$ 102.93	2.150	\$ 3138.59	\$ 221.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	7	220		20,497.80	93.17	.005	2928.26	.50
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,876	87,659		9,024,917.00	102.95	2.144	3138.01	220.76
@INTERMEDIATE CARE FACIL.-DD	31	1,061	\$	150,924.85	\$ 142.25	.026	\$ 4868.54	\$ 3.69
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	14	495		54,752.25	110.61	.012	3910.88	1.34
ICF DDN/DDCN	17	566		96,172.60	169.92	.014	5657.21	2.35
@HEMODIALYSIS TOTAL	33	688	\$	39,736.71	\$ 57.76	.017	\$ 1204.14	\$.97
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	688		39,736.71	57.76	.017	1204.14	.97
@REHABILITATION FACILITY	18	208	\$	3,675.49	\$ 17.67	.005	\$ 204.19	\$.09
HOSPITAL BASED	6	26		1,174.69	45.18	.001	195.78	.03
INDEPENDENT FACILITY	12	182		2,500.80	13.74	.004	208.40	.06
@LABORATORY FACILITY	719	1,734	\$	30,307.22	\$ 17.48	.042	\$ 42.15	\$.74
PATHOLOGY	710	1,499		30,143.07	20.11	.037	42.46	.74
XO AND OTHERS	9	235		164.15	.70	.006	18.24	.00
@ORGANIZED OUTPATIENT CLINIC	1,764	3,576	\$	343,035.60	\$ 95.93	.087	\$ 194.46	\$ 8.39
CLINIC	401	1,248		35,716.15	28.62	.031	89.07	.87

SURGICENTER	31	150	5,183.39	34.56	.004	167.21	.13
HEROIN DETOX CLINIC	1	4	58.40	14.60	.000	58.40	.00
RURAL HEALTH CLINIC	1,351	2,174	302,077.66	138.95	.053	223.60	7.39

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

PAGE 8,684 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
40,881 ELIGIBLES							
@ALL OTHER PROVIDERS	2,267	34,237	\$ 511,738.09	\$ 14.95	.837	\$ 225.73	\$ 12.52
DURABLE MED. EQUIP.	181	688	74,119.72	107.73	.017	409.50	1.81
BLOOD BANK	1	10	153.00	15.30	.000	153.00	.00
HEARING AID DISPENSERS	33	48	9,912.19	206.50	.001	300.37	.24
MEDICAL TRANSPORTATION	222	6,687	69,426.14	10.38	.164	312.73	1.70
AMBULANCES/AIR TRANS	139	1,982	37,216.42	18.78	.048	267.74	.91
OTHER TRANS	49	3,536	10,556.72	2.99	.086	215.44	.26
OTHER SERVICES	47	1,169	21,653.00	18.52	.029	460.70	.53
ACUPUNCTURE	1	3	59.47	19.82	.000	59.47	.00
ADULT DAY HEALTH CARE CTR	36	421	28,171.68	66.92	.010	782.55	.69
GENETIC DISEASE TESTING	127	127	9,989.00	78.65	.003	78.65	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	61	811	42,068.96	51.87	.020	689.66	1.03
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.001	147.11	.01
OPTICIAN	400	900	9,389.99	10.43	.022	23.47	.23
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	14	26	101.27	3.90	.001	7.23	.00
PROSTHETIST/ORTHOTISTS	40	68	3,948.54	58.07	.002	98.71	.10
PROSTHETICS	36	62	3,731.07	60.18	.002	103.64	.09
ORTHOTICS	4	6	217.47	36.25	.000	54.37	.01
PSYCHOLOGIST	6	22	351.07	15.96	.001	58.51	.01
SPEECH AND AUDIOLOGY	46	78	11,552.92	148.11	.002	251.15	.28
HOSPICE SERVICES	72	1,669	168,461.41	100.94	.041	2339.74	4.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	822	16,232	64,071.11	3.95	.397	77.95	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	275	6,424	19,632.56	3.06	.157	71.39	.48
@CALIF. CHILDREN SERVICES*	122	1,432	\$ 262,290.51	\$ 183.16	.035	\$ 2149.92	\$ 6.42
@XOVER EXCLUDING STATE HOSP**	2,186	13,815	\$ 411,399.47	\$ 29.78	.338	\$ 188.20	\$ 10.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,685 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,182 ELIGIBLES							
@TOTAL, ALL PROVIDERS	877	52,329	\$ 330,513.75	\$ 6.32	23.982	\$ 376.87	\$ 151.47
@PHYSICIANS SERVICES	378	903	\$ 37,160.51	\$ 41.15	.414	\$ 98.31	\$ 17.03
OUTPATIENT VISITS	292	413	14,851.59	35.96	.189	50.86	6.81
OFFICE VISITS	206	267	8,003.88	29.98	.122	38.85	3.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	92	120	5,251.04	43.76	.055	57.08	2.41
PREVENTIVE CARE	2	2	120.61	60.31	.001	60.31	.06
OB VISITS/COMPRE PERI	9	17	1,319.65	77.63	.008	146.63	.60

OTHER OUTPATIENT	7	7		156.41	22.34	.003	22.34	.07
INPATIENT VISITS	19	42		1,672.78	39.83	.019	88.04	.77
HOSPITAL VISITS	19	42		1,672.78	39.83	.019	88.04	.77
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6		268.31	44.72	.003	44.72	.12
EXAMINATIONS	6	6		268.31	44.72	.003	44.72	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	65		6,623.71	101.90	.030	551.98	3.04
PRINCIPAL SURGEON	7	7		4,664.76	666.39	.003	666.39	2.14
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	.09
ANESTHESIOLOGIST	8	57		1,772.45	31.10	.026	221.56	.81
OUTPATIENT SURGERY	36	77		4,586.24	59.56	.035	127.40	2.10
PRINCIPAL SURGEON	33	52		3,919.17	75.37	.024	118.76	1.80
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	25		667.07	26.68	.011	74.12	.31
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	42	60		721.47	12.02	.027	17.18	.33
RADIOLOGY	62	90		3,587.54	39.86	.041	57.86	1.64
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	33		1,615.59	48.96	.015	95.03	.74
OTHER SERVICES/ALL X-OVERS	51	117		3,233.28	27.63	.054	63.40	1.48
@PHARMACY	388	1,636	\$	53,545.49	\$ 32.73	.750	\$ 138.00	\$ 24.54
PRESCRIPTION DRUGS	383	822		50,510.92	61.45	.377	131.88	23.15
SNF/ICF	12	80		13,734.23	171.68	.037	1144.52	6.29
OUTPATIENTS	372	742		36,776.69	49.56	.340	98.86	16.85
MEDICAL SUPPLIES	17	814		3,034.57	3.73	.373	178.50	1.39
@DENTIST	110	449	\$	13,661.50	\$ 30.43	.206	\$ 124.20	\$ 6.26
VISITS - DIAGNOSTIC	84	302		5,309.50	17.58	.138	63.21	2.43
ORAL SURGERY	13	29		1,909.00	65.83	.013	146.85	.87
DRUGS	9	10		200.00	20.00	.005	22.22	.09
ANESTHESIA	3	3		300.00	100.00	.001	100.00	.14
PERIODONTICS	2	3		55.00	18.33	.001	27.50	.03
ENDODONTICS	5	8		946.00	118.25	.004	189.20	.43
RESTORATIVE DENTISTRY	35	90		4,737.00	52.63	.041	135.34	2.17
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2		120.00	60.00	.001	60.00	.05
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,686
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

2,182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	42	\$ 1,123.43	\$ 26.75	.019	\$ 62.41	\$.51
DIAGNOSTIC AND ANC. PROCED	16	16	759.14	47.45	.007	47.45	.35
EYE APPLIANCES	9	26	364.29	14.01	.012	40.48	.17
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	16	28	\$ 404.80	\$ 14.46	.013	\$ 25.30	\$.19
VISITS	15	23	384.56	16.72	.011	25.64	.18
OTHER SERVICES	1	5	20.24	4.05	.002	20.24	.01
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	1,354	\$	26,915.37	\$ 19.88	.621	\$ 2990.60	\$ 12.34
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	6	\$	159.56	\$ 26.59	.003	\$ 31.91	\$.07
@TOTAL HOSPITAL	206	1,095	\$	73,869.43	\$ 67.46	.502	\$ 358.59	\$ 33.85
HOSP INPATIENT TOTAL	19	43		46,838.61	1089.27	.020	2465.19	21.47
HSC HOSPITALS	6	10		12,485.05	1248.51	.005	2080.84	5.72
NON-HSC HOSPITAL TOTAL	13	33		34,353.56	1041.02	.015	2642.58	15.74
ACCOMMODATIONS	13	33		9,962.25	301.89	.015	766.33	4.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	33		9,962.25	301.89	.015	766.33	4.57
ANCILLARIES	13	0		24,391.31	.00	.000	1876.25	11.18
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	191	1,052		27,030.82	25.69	.482	141.52	12.39
MEDICAL	30	40		1,561.77	39.04	.018	52.06	.72
SURGERY	27	32		846.61	26.46	.015	31.36	.39
PATHOLOGY	83	317		4,483.26	14.14	.145	54.02	2.05
RADIOLOGY	43	65		3,545.20	54.54	.030	82.45	1.62
ROOM USE	143	229		8,601.80	37.56	.105	60.15	3.94
CROSSOVERS/ALL OTH OUTPTNT	96	369		7,992.18	21.66	.169	83.25	3.66
@COUNTY HOSPITAL TOTAL	1	1	\$	33.42	\$ 33.42	.000	\$ 33.42	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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NEVADA COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82						
----- MONTHLY AVERAGE -----							
2,182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,094	\$ 73,836.01	\$ 67.49	.501	\$ 360.18	\$ 33.84
COMM HOSP INPATIENT TOTAL	19	43	46,838.61	1089.27	.020	2465.19	21.47
HSC HOSPITALS	6	10	12,485.05	1248.51	.005	2080.84	5.72
NON-HSC HOSPITALS TOTAL	13	33	34,353.56	1041.02	.015	2642.58	15.74
ACCOMMODATIONS	13	33	9,962.25	301.89	.015	766.33	4.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	33	9,962.25	301.89	.015	766.33	4.57
ANCILLARIES	13	0	24,391.31	.00	.000	1876.25	11.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	190	1,051	26,997.40	25.69	.482	142.09	12.37
MEDICAL	30	40	1,561.77	39.04	.018	52.06	.72
SURGERY	27	32	846.61	26.46	.015	31.36	.39
PATHOLOGY	83	317	4,483.26	14.14	.145	54.02	2.05
RADIOLOGY	43	65	3,545.20	54.54	.030	82.45	1.62
ROOM USE	142	228	8,568.38	37.58	.104	60.34	3.93
CROSSOVERS/ALL OTH OUTPTNT	96	369	7,992.18	21.66	.169	83.25	3.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	11	356	\$ 52,748.52	\$ 148.17	.163	\$ 4795.32	\$ 24.17
ICF DDH	11	356	52,748.52	148.17	.163	4795.32	24.17
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	7	24	\$ 341.19	\$ 14.22	.011	\$ 48.74	\$.16
HOSPITAL BASED	2	2	64.00	32.00	.001	32.00	.03

INDEPENDENT FACILITY	5	22		277.19		12.60	.010	55.44	.13
@LABORATORY FACILITY	51	122	\$	2,325.01	\$	19.06	.056	45.59	1.07
PATHOLOGY	51	122		2,325.01		19.06	.056	45.59	1.07
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	69	184	\$	12,710.92	\$	69.08	.084	184.22	5.83
CLINIC	35	125		3,105.19		24.84	.057	88.72	1.42
SURGICENTER	1	2		31.82		15.91	.001	31.82	.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	35	57		9,573.91		167.96	.026	273.54	4.39

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

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2,182 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	139	46,130	\$	55,548.02	\$ 1.20	21.141	\$ 399.63	\$ 25.46
DURABLE MED. EQUIP.	11	51		18,680.90	366.29	.023	1698.26	8.56
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	102		1,612.54	15.81	.047	179.17	.74
AMBULANCES/AIR TRANS	9	102		1,612.54	15.81	.047	179.17	.74
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4		420.00	105.00	.002	105.00	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	29		265.76	9.16	.013	18.98	.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	9		1,375.42	152.82	.004	458.47	.63
PROSTHETICS	3	9		1,375.42	152.82	.004	458.47	.63
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	10		1,524.41	152.44	.005	254.07	.70
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	61	4,909		22,831.88	4.65	2.250	374.29	10.46
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	41,016		8,837.11	.22	18.797	245.48	4.05
@CALIF. CHILDREN SERVICES*	43	1,358	\$	32,642.91	\$ 24.04	.622	\$ 759.14	\$ 14.96
@XOVER EXCLUDING STATE HOSP**	2	6	\$	47.22	\$ 7.87	.003	\$ 23.61	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

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60 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93	1,578	\$	112,396.41	\$ 71.23	26.300	\$ 1208.56	\$ 1873.27
@PHYSICIANS SERVICES	45	292	\$	21,387.21	\$ 73.24	4.867	\$ 475.27	\$ 356.45

OUTPATIENT VISITS	17	21	990.58	47.17	.350	58.27	16.51
OFFICE VISITS	5	7	256.82	36.69	.117	51.36	4.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	526.85	52.69	.167	58.54	8.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	4	206.91	51.73	.067	68.97	3.45
INPATIENT VISITS	10	77	5,890.70	76.50	1.283	589.07	98.18
HOSPITAL VISITS	10	67	3,907.70	58.32	1.117	390.77	65.13
CRITICAL CARE	3	10	1,983.00	198.30	.167	661.00	33.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	91	9,417.07	103.48	1.517	1046.34	156.95
PRINCIPAL SURGEON	6	12	6,728.95	560.75	.200	1121.49	112.15
ASSISTANT SURGEON	1	1	520.10	520.10	.017	520.10	8.67
ANESTHESIOLOGIST	5	78	2,168.02	27.80	1.300	433.60	36.13
OUTPATIENT SURGERY	5	14	975.60	69.69	.233	195.12	16.26
PRINCIPAL SURGEON	4	5	798.93	159.79	.083	199.73	13.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	176.67	19.63	.150	176.67	2.94
DIALYSIS	2	2	854.12	427.06	.033	427.06	14.24
PATHOLOGY	7	29	1,645.70	56.75	.483	235.10	27.43
RADIOLOGY	14	27	672.90	24.92	.450	48.06	11.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	31	940.54	30.34	.517	72.35	15.68
@PHARMACY	11	25	\$ 947.11	\$ 37.88	.417	\$ 86.10	\$ 15.79
PRESCRIPTION DRUGS	9	18	404.29	22.46	.300	44.92	6.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9	18	404.29	22.46	.300	44.92	6.74
MEDICAL SUPPLIES	2	7	542.82	77.55	.117	271.41	9.05
@DENTIST	6	33	\$ 743.00	\$ 22.52	.550	\$ 123.83	\$ 12.38
VISITS - DIAGNOSTIC	6	18	285.00	15.83	.300	47.50	4.75
ORAL SURGERY	1	2	83.00	41.50	.033	83.00	1.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	13	375.00	28.85	.217	187.50	6.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	8	\$ 206.74	\$ 25.84	.133	\$ 51.69	\$ 3.45
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.050	47.45	2.37

EYE APPLIANCES	2	5	64.39	12.88	.083	32.20	1.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	910	\$ 26,763.10	\$ 29.41	15.167	\$ 4460.52	\$ 446.05
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	29	165	\$ 55,919.24	\$ 338.90	2.750	\$ 1928.25	\$ 931.99
HOSP INPATIENT TOTAL	10	41	52,514.28	1280.84	.683	5251.43	875.24
HSC HOSPITALS	6	35	42,660.00	1218.86	.583	7110.00	711.00
NON-HSC HOSPITAL TOTAL	4	6	9,854.28	1642.38	.100	2463.57	164.24
ACCOMMODATIONS	4	6	747.09	124.52	.100	186.77	12.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6	747.09	124.52	.100	186.77	12.45
ANCILLARIES	4	0	9,107.19	.00	.000	2276.80	151.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	124	3,404.96	27.46	2.067	154.77	56.75
MEDICAL	3	3	50.54	16.85	.050	16.85	.84
SURGERY	5	6	125.64	20.94	.100	25.13	2.09
PATHOLOGY	9	27	136.92	5.07	.450	15.21	2.28
RADIOLOGY	12	27	1,482.68	54.91	.450	123.56	24.71
ROOM USE	20	31	1,309.12	42.23	.517	65.46	21.82
CROSSOVERS/ALL OTH OUTPTNT	14	30	300.06	10.00	.500	21.43	5.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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----- MONTHLY AVERAGE -----
60 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	165	\$	55,919.24	\$ 338.90	2.750	\$ 1928.25	\$ 931.99
COMM HOSP INPATIENT TOTAL	10	41		52,514.28	1280.84	.683	5251.43	875.24
HSC HOSPITALS	6	35		42,660.00	1218.86	.583	7110.00	711.00
NON-HSC HOSPITALS TOTAL	4	6		9,854.28	1642.38	.100	2463.57	164.24
ACCOMMODATIONS	4	6		747.09	124.52	.100	186.77	12.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6		747.09	124.52	.100	186.77	12.45
ANCILLARIES	4	0		9,107.19	.00	.000	2276.80	151.79
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	124		3,404.96	27.46	2.067	154.77	56.75
MEDICAL	3	3		50.54	16.85	.050	16.85	.84
SURGERY	5	6		125.64	20.94	.100	25.13	2.09
PATHOLOGY	9	27		136.92	5.07	.450	15.21	2.28
RADIOLOGY	12	27		1,482.68	54.91	.450	123.56	24.71
ROOM USE	20	31		1,309.12	42.23	.517	65.46	21.82
CROSSOVERS/ALL OTH OUTPTNT	14	30		300.06	10.00	.500	21.43	5.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$	3,674.12	\$ 1837.06	.033	\$ 3674.12	\$ 61.24
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2		3,674.12	1837.06	.033	3674.12	61.24
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	72.70	\$ 36.35	.033	\$ 36.35	\$ 1.21
PATHOLOGY	2	2		72.70	36.35	.033	36.35	1.21
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	10	\$	1,535.14	\$ 153.51	.167	\$ 511.71	\$ 25.59
CLINIC	2	3		102.34	34.11	.050	51.17	1.71
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	7		1,432.80	204.69	.117	716.40	23.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	131	\$ 1,148.05	\$ 8.76	2.183	\$ 143.51	\$ 19.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	113	764.09	6.76	1.883	254.70	12.73
AMBULANCES/AIR TRANS	3	113	764.09	6.76	1.883	254.70	12.73
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.033	16.64	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	234.88	58.72	.067	234.88	3.91
PROSTHETICS	1	4	234.88	58.72	.067	234.88	3.91
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	12	132.44	11.04	.200	44.15	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	228	\$ 62,980.11	\$ 276.23	3.800	\$ 3936.26	\$ 1049.67
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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NEVADA COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

	2,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	970	53,907	\$	442,910.16	\$ 8.22	24.044	\$ 456.61	\$ 197.55
@PHYSICIANS SERVICES	423	1,195	\$	58,547.72	\$ 48.99	.533	\$ 138.41	\$ 26.11
OUTPATIENT VISITS	309	434		15,842.17	36.50	.194	51.27	7.07
OFFICE VISITS	211	274		8,260.70	30.15	.122	39.15	3.68
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	101	130		5,777.89	44.45	.058	57.21	2.58
PREVENTIVE CARE	2	2		120.61	60.31	.001	60.31	.05
OB VISITS/COMPRE PERI	9	17		1,319.65	77.63	.008	146.63	.59
OTHER OUTPATIENT	10	11		363.32	33.03	.005	36.33	.16
INPATIENT VISITS	29	119		7,563.48	63.56	.053	260.81	3.37
HOSPITAL VISITS	29	109		5,580.48	51.20	.049	192.43	2.49
CRITICAL CARE	3	10		1,983.00	198.30	.004	661.00	.88
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6		268.31	44.72	.003	44.72	.12
EXAMINATIONS	6	6		268.31	44.72	.003	44.72	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	156		16,040.78	102.83	.070	763.85	7.15
PRINCIPAL SURGEON	13	19		11,393.71	599.67	.008	876.44	5.08
ASSISTANT SURGEON	2	2		706.60	353.30	.001	353.30	.32
ANESTHESIOLOGIST	13	135		3,940.47	29.19	.060	303.11	1.76
OUTPATIENT SURGERY	41	91		5,561.84	61.12	.041	135.65	2.48
PRINCIPAL SURGEON	37	57		4,718.10	82.77	.025	127.52	2.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	34		843.74	24.82	.015	84.37	.38
DIALYSIS	2	2		854.12	427.06	.001	427.06	.38
PATHOLOGY	49	89		2,367.17	26.60	.040	48.31	1.06
RADIOLOGY	76	117		4,260.44	36.41	.052	56.06	1.90
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	33		1,615.59	48.96	.015	95.03	.72
OTHER SERVICES/ALL X-OVERS	64	148		4,173.82	28.20	.066	65.22	1.86
@PHARMACY	399	1,661	\$	54,492.60	\$ 32.81	.741	\$ 136.57	\$ 24.31
PRESCRIPTION DRUGS	392	840		50,915.21	60.61	.375	129.89	22.71
SNF/ICF	12	80		13,734.23	171.68	.036	1144.52	6.13
OUTPATIENTS	381	760		37,180.98	48.92	.339	97.59	16.58
MEDICAL SUPPLIES	19	821		3,577.39	4.36	.366	188.28	1.60
@DENTIST	116	482	\$	14,404.50	\$ 29.88	.215	\$ 124.18	\$ 6.42
VISITS - DIAGNOSTIC	90	320		5,594.50	17.48	.143	62.16	2.50
ORAL SURGERY	14	31		1,992.00	64.26	.014	142.29	.89
DRUGS	9	10		200.00	20.00	.004	22.22	.09
ANESTHESIA	3	3		300.00	100.00	.001	100.00	.13
PERIODONTICS	2	3		55.00	18.33	.001	27.50	.02
ENDODONTICS	5	8		946.00	118.25	.004	189.20	.42
RESTORATIVE DENTISTRY	37	103		5,112.00	49.63	.046	138.16	2.28
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2		120.00	60.00	.001	60.00	.05
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

NEVADA COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

2,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	22	50	\$ 1,330.17	\$ 26.60	.022	\$ 60.46	\$.59
DIAGNOSTIC AND ANC. PROCED	19	19	901.49	47.45	.008	47.45	.40
EYE APPLIANCES	11	31	428.68	13.83	.014	38.97	.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	16	28	\$ 404.80	\$ 14.46	.012	\$ 25.30	\$.18
VISITS	15	23	384.56	16.72	.010	25.64	.17
OTHER SERVICES	1	5	20.24	4.05	.002	20.24	.01
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	15	2,264	\$ 53,678.47	\$ 23.71	1.010	\$ 3578.56	\$ 23.94
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	6	\$ 159.56	\$ 26.59	.003	\$ 31.91	\$.07
@TOTAL HOSPITAL	235	1,260	\$ 129,788.67	\$ 103.01	.562	\$ 552.29	\$ 57.89
HOSP INPATIENT TOTAL	29	84	99,352.89	1182.77	.037	3425.96	44.31
HSC HOSPITALS	12	45	55,145.05	1225.45	.020	4595.42	24.60
NON-HSC HOSPITAL TOTAL	17	39	44,207.84	1133.53	.017	2600.46	19.72
ACCOMMODATIONS	17	39	10,709.34	274.60	.017	629.96	4.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	39	10,709.34	274.60	.017	629.96	4.78
ANCILLARIES	17	0	33,498.50	.00	.000	1970.50	14.94
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	213	1,176	30,435.78	25.88	.525	142.89	13.58
MEDICAL	33	43	1,612.31	37.50	.019	48.86	.72
SURGERY	32	38	972.25	25.59	.017	30.38	.43
PATHOLOGY	92	344	4,620.18	13.43	.153	50.22	2.06
RADIOLOGY	55	92	5,027.88	54.65	.041	91.42	2.24
ROOM USE	163	260	9,910.92	38.12	.116	60.80	4.42
CROSSOVERS/ALL OTH OUTPTNT	110	399	8,292.24	20.78	.178	75.38	3.70
@COUNTY HOSPITAL TOTAL	1	1	\$ 33.42	\$ 33.42	.000	\$ 33.42	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.01

	2,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	234	1,259	\$	129,755.25	\$ 103.06	.562	\$	554.51	\$ 57.87
COMM HOSP INPATIENT TOTAL	29	84		99,352.89	1182.77	.037		3425.96	44.31
HSC HOSPITALS	12	45		55,145.05	1225.45	.020		4595.42	24.60
NON-HSC HOSPITALS TOTAL	17	39		44,207.84	1133.53	.017		2600.46	19.72
ACCOMMODATIONS	17	39		10,709.34	274.60	.017		629.96	4.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	17	39		10,709.34	274.60	.017		629.96	4.78
ANCILLARIES	17	0		33,498.50	.00	.000		1970.50	14.94
INPATIENT CROSSTOVERS	0	0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	212	1,175		30,402.36	25.87	.524		143.41	13.56
MEDICAL	33	43		1,612.31	37.50	.019		48.86	.72
SURGERY	32	38		972.25	25.59	.017		30.38	.43
PATHOLOGY	92	344		4,620.18	13.43	.153		50.22	2.06
RADIOLOGY	55	92		5,027.88	54.65	.041		91.42	2.24
ROOM USE	162	259		9,877.50	38.14	.116		60.97	4.41
CROSSTOVERS/ALL OTH OUTPTNT	110	399		8,292.24	20.78	.178		75.38	3.70
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	.00
LEV B-REGULAR	0	0		.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	11	356	\$	52,748.52	\$ 148.17	.159	\$	4795.32	\$ 23.53
ICF DDH	11	356		52,748.52	148.17	.159		4795.32	23.53
ICF DD	0	0		.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	1	2	\$	3,674.12	\$ 1837.06	.001	\$	3674.12	\$ 1.64
HOSPITAL BASED	0	0		.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	1	2		3,674.12	1837.06	.001		3674.12	1.64
@REHABILITATION FACILITY	7	24	\$	341.19	\$ 14.22	.011	\$	48.74	\$.15
HOSPITAL BASED	2	2		64.00	32.00	.001		32.00	.03
INDEPENDENT FACILITY	5	22		277.19	12.60	.010		55.44	.12
@LABORATORY FACILITY	53	124	\$	2,397.71	\$ 19.34	.055	\$	45.24	\$ 1.07
PATHOLOGY	53	124		2,397.71	19.34	.055		45.24	1.07
XO AND OTHERS	0	0		.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	72	194	\$	14,246.06	\$ 73.43	.087	\$	197.86	\$ 6.35
CLINIC	37	128		3,207.53	25.06	.057		86.69	1.43
SURGICENTER	1	2		31.82	15.91	.001		31.82	.01
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	37	64		11,006.71	171.98	.029		297.48	4.91

2,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	147	46,261	\$ 56,696.07	\$ 1.23	20.634	\$ 385.69	\$ 25.29
DURABLE MED. EQUIP.	11	51	18,680.90	366.29	.023	1698.26	8.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	215	2,376.63	11.05	.096	198.05	1.06
AMBULANCES/AIR TRANS	12	215	2,376.63	11.05	.096	198.05	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.002	105.00	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	31	282.40	9.11	.014	18.83	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	13	1,610.30	123.87	.006	402.58	.72
PROSTHETICS	4	13	1,610.30	123.87	.006	402.58	.72
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	10	1,524.41	152.44	.004	254.07	.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	4,921	22,964.32	4.67	2.195	358.82	10.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	41,016	8,837.11	.22	18.294	245.48	3.94
@CALIF. CHILDREN SERVICES*	59	1,586	\$ 95,623.02	\$ 60.29	.707	\$ 1620.73	\$ 42.65

@XOVER EXCLUDING STATE HOSP** 2 6 \$ 47.22 \$ 7.87 .003 \$ 23.61 \$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,698
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,699
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,700
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,701
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	47	258	\$ 31,288.55	\$ 121.27	3.739	\$ 665.71	\$ 453.46
@PHYSICIANS SERVICES	28	84	\$ 4,299.26	\$ 51.18	1.217	\$ 153.55	\$ 62.31
OUTPATIENT VISITS	15	17	644.36	37.90	.246	42.96	9.34
OFFICE VISITS	9	10	321.57	32.16	.145	35.73	4.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	7	322.79	46.11	.101	53.80	4.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	7	303.03	43.29	.101	101.01	4.39
HOSPITAL VISITS	3	7	303.03	43.29	.101	101.01	4.39
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42	2,878.16	68.53	.609	575.63	41.71
PRINCIPAL SURGEON	4	5	2,091.22	418.24	.072	522.81	30.31
ASSISTANT SURGEON	1	1	186.50	186.50	.014	186.50	2.70
ANESTHESIOLOGIST	2	36	600.44	16.68	.522	300.22	8.70
OUTPATIENT SURGERY	1	1	46.98	46.98	.014	46.98	.68
PRINCIPAL SURGEON	1	1	46.98	46.98	.014	46.98	.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	79.97	26.66	.043	26.66	1.16
RADIOLOGY	11	13	281.64	21.66	.188	25.60	4.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	65.12	65.12	.014	65.12	.94
@PHARMACY	16	43	\$ 2,780.69	\$ 64.67	.623	\$ 173.79	\$ 40.30
PRESCRIPTION DRUGS	16	43	2,780.69	64.67	.623	173.79	40.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	43	2,780.69	64.67	.623	173.79	40.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	2	\$ 60.00	\$ 30.00	.029	\$ 60.00	\$.87
VISITS - DIAGNOSTIC	1	2	60.00	30.00	.029	60.00	.87
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,702
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	115	\$ 23,513.85	\$ 204.47	1.667	\$ 1306.33	\$ 340.78
HOSP INPATIENT TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
ACCOMMODATIONS	3	14	3,583.24	255.95	.203	1194.41	51.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	3,583.24	255.95	.203	1194.41	51.93
ANCILLARIES	3	0	16,345.61	.00	.000	5448.54	236.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	101	3,585.00	35.50	1.464	239.00	51.96
MEDICAL	0	0	24.53	.00	.000	.00	.36
SURGERY	1	1	39.77	39.77	.014	39.77	.58
PATHOLOGY	8	24	525.89	21.91	.348	65.74	7.62
RADIOLOGY	4	4	238.24	59.56	.058	59.56	3.45
ROOM USE	14	24	911.79	37.99	.348	65.13	13.21
CROSSOVERS/ALL OTH OUTPTNT	9	48	1,844.78	38.43	.696	204.98	26.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,703
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	115	\$ 23,513.85	\$ 204.47	1.667	\$ 1306.33	\$ 340.78
COMM HOSP INPATIENT TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
ACCOMMODATIONS	3	14	3,583.24	255.95	.203	1194.41	51.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	3,583.24	255.95	.203	1194.41	51.93
ANCILLARIES	3	0	16,345.61	.00	.000	5448.54	236.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	101	3,585.00	35.50	1.464	239.00	51.96
MEDICAL	0	0	24.53	.00	.000	.00	.36
SURGERY	1	1	39.77	39.77	.014	39.77	.58
PATHOLOGY	8	24	525.89	21.91	.348	65.74	7.62
RADIOLOGY	4	4	238.24	59.56	.058	59.56	3.45
ROOM USE	14	24	911.79	37.99	.348	65.13	13.21
CROSSOVERS/ALL OTH OUTPTNT	9	48	1,844.78	38.43	.696	204.98	26.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	3	4	\$	74.13	\$	18.53		.058	\$	24.71	\$	1.07
PATHOLOGY	3	4		74.13		18.53		.058		24.71		1.07
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	145.22	\$	72.61		.029	\$	145.22	\$	2.10
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	1	2		145.22		72.61		.029		145.22		2.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,704
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	8	\$ 415.40	\$ 51.93	.116	\$ 83.08	\$ 6.02
DURABLE MED. EQUIP.	1	4	45.40	11.35	.058	45.40	.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	.058	92.50	5.36
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,705
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	47	258	\$ 31,288.55	\$ 121.27	3.739	\$ 665.71	\$ 453.46
@PHYSICIANS SERVICES	28	84	\$ 4,299.26	\$ 51.18	1.217	\$ 153.55	\$ 62.31

OUTPATIENT VISITS	15	17		644.36		37.90	.246	42.96	9.34
OFFICE VISITS	9	10		321.57		32.16	.145	35.73	4.66
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	6	7		322.79		46.11	.101	53.80	4.68
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	3	7		303.03		43.29	.101	101.01	4.39
HOSPITAL VISITS	3	7		303.03		43.29	.101	101.01	4.39
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42		2,878.16		68.53	.609	575.63	41.71
PRINCIPAL SURGEON	4	5		2,091.22		418.24	.072	522.81	30.31
ASSISTANT SURGEON	1	1		186.50		186.50	.014	186.50	2.70
ANESTHESIOLOGIST	2	36		600.44		16.68	.522	300.22	8.70
OUTPATIENT SURGERY	1	1		46.98		46.98	.014	46.98	.68
PRINCIPAL SURGEON	1	1		46.98		46.98	.014	46.98	.68
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	3		79.97		26.66	.043	26.66	1.16
RADIOLOGY	11	13		281.64		21.66	.188	25.60	4.08
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		65.12		65.12	.014	65.12	.94
@PHARMACY	16	43	\$	2,780.69	\$	64.67	.623	173.79	40.30
PRESCRIPTION DRUGS	16	43		2,780.69		64.67	.623	173.79	40.30
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	16	43		2,780.69		64.67	.623	173.79	40.30
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	2	\$	60.00	\$	30.00	.029	60.00	.87
VISITS - DIAGNOSTIC	1	2		60.00		30.00	.029	60.00	.87
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,706
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC								

	69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	115	\$ 23,513.85	\$ 204.47	1.667	\$ 1306.33	\$ 340.78
HOSP INPATIENT TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
ACCOMMODATIONS	3	14	3,583.24	255.95	.203	1194.41	51.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	3,583.24	255.95	.203	1194.41	51.93
ANCILLARIES	3	0	16,345.61	.00	.000	5448.54	236.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	101	3,585.00	35.50	1.464	239.00	51.96
MEDICAL	0	0	24.53	.00	.000	.00	.36
SURGERY	1	1	39.77	39.77	.014	39.77	.58
PATHOLOGY	8	24	525.89	21.91	.348	65.74	7.62
RADIOLOGY	4	4	238.24	59.56	.058	59.56	3.45
ROOM USE	14	24	911.79	37.99	.348	65.13	13.21

CROSSEOVERS/ALL OTH OUTPTNT	9	48		1,844.78		38.43	.696	204.98	26.74
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,707
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

	69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18		115	\$ 23,513.85	\$ 204.47	1.667	\$ 1306.33	\$ 340.78
COMM HOSP INPATIENT TOTAL	3		14	19,928.85	1423.49	.203	6642.95	288.82
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3		14	19,928.85	1423.49	.203	6642.95	288.82
ACCOMMODATIONS	3		14	3,583.24	255.95	.203	1194.41	51.93
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		14	3,583.24	255.95	.203	1194.41	51.93
ANCILLARIES	3		0	16,345.61	.00	.000	5448.54	236.89
INPATIENT CROSSEOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15		101	3,585.00	35.50	1.464	239.00	51.96
MEDICAL	0		0	24.53	.00	.000	.00	.36
SURGERY	1		1	39.77	39.77	.014	39.77	.58
PATHOLOGY	8		24	525.89	21.91	.348	65.74	7.62
RADIOLOGY	4		4	238.24	59.56	.058	59.56	3.45
ROOM USE	14		24	911.79	37.99	.348	65.13	13.21
CROSSEOVERS/ALL OTH OUTPTNT	9		48	1,844.78	38.43	.696	204.98	26.74
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	4	\$	74.13	\$	18.53	.058	\$ 24.71	\$ 1.07
PATHOLOGY	3	4		74.13		18.53	.058	24.71	1.07
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	145.22	\$	72.61	.029	\$ 145.22	\$ 2.10
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2		145.22		72.61	.029	145.22	2.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,708
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	8	\$ 415.40	\$ 51.93	.116	\$ 83.08	\$ 6.02
DURABLE MED. EQUIP.	1	4	45.40	11.35	.058	45.40	.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	.058	92.50	5.36
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	823	\$ 62,341.21	\$ 75.75	31.654	\$ 2078.04	\$ 2397.74
@PHYSICIANS SERVICES	12	26	\$ 728.61	\$ 28.02	1.000	\$ 60.72	\$ 28.02
OUTPATIENT VISITS	7	14	496.14	35.44	.538	70.88	19.08
OFFICE VISITS	3	8	205.50	25.69	.308	68.50	7.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	290.64	48.44	.231	48.44	11.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	4	92.70	23.18	.154	30.90	3.57
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.154	30.90	3.57
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	7	124.17	17.74	.269	24.83	4.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	15.60	15.60	.038	15.60	.60
@PHARMACY	23	106	\$ 3,226.26	\$ 30.44	4.077	\$ 140.27	\$ 124.09
PRESCRIPTION DRUGS	23	106	3,226.26	30.44	4.077	140.27	124.09
SNF/ICF	14	58	1,321.96	22.79	2.231	94.43	50.84
OUTPATIENTS	10	48	1,904.30	39.67	1.846	190.43	73.24
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	6	9	\$ 316.00	\$ 35.11	.346	\$ 52.67	\$ 12.15
VISITS - DIAGNOSTIC	4	5	150.00	30.00	.192	37.50	5.77
ORAL SURGERY	2	4	166.00	41.50	.154	83.00	6.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

NEVADA COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	5	\$ 344.20	\$ 68.84	.192	\$ 344.20	\$ 13.24
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	32	\$ 897.79	\$ 28.06	1.231	\$ 128.26	\$ 34.53
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	32	897.79	28.06	1.231	128.26	34.53
MEDICAL	1	1	52.75	52.75	.038	52.75	2.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	10	127.71	12.77	.385	63.86	4.91
RADIOLOGY	4	8	355.64	44.46	.308	88.91	13.68
ROOM USE	6	10	335.31	33.53	.385	55.89	12.90
CROSSOVERS/ALL OTH OUTPTNT	3	3	26.38	8.79	.115	8.79	1.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	32	\$ 897.79	\$ 28.06	1.231	\$ 128.26	\$ 34.53
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	32	897.79	28.06	1.231	128.26	34.53
MEDICAL	1	1	52.75	52.75	.038	52.75	2.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	10	127.71	12.77	.385	63.86	4.91
RADIOLOGY	4	8	355.64	44.46	.308	88.91	13.68
ROOM USE	6	10	335.31	33.53	.385	55.89	12.90
CROSSTOVERS/ALL OTH OUTPTNT	3	3	26.38	8.79	.115	8.79	1.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	525	\$ 56,093.21	\$ 106.84	20.192	\$ 3299.60	\$ 2157.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	525		56,093.21	106.84	20.192	3299.60	2157.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	17	\$	132.38	7.79	.654	66.19	5.09
PATHOLOGY	2	17		132.38	7.79	.654	66.19	5.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	.00	.000	.00	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,712
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC							
	AID CODE							

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	103	\$ 602.76	\$ 5.85	3.962	\$ 301.38	\$ 23.18
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	103	602.76	5.85	3.962	301.38	23.18
AMBULANCES/AIR TRANS	2	103	602.76	5.85	3.962	301.38	23.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 5.88 \$.00 .000 \$ 5.88 \$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,713
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,714
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,715
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,716
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 8,717

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	30	823	\$ 62,341.21	\$ 75.75	31.654	\$ 2078.04	\$ 2397.74
@PHYSICIANS SERVICES	12	26	\$ 728.61	\$ 28.02	1.000	\$ 60.72	\$ 28.02
OUTPATIENT VISITS	7	14	496.14	35.44	.538	70.88	19.08
OFFICE VISITS	3	8	205.50	25.69	.308	68.50	7.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	290.64	48.44	.231	48.44	11.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	4	92.70	23.18	.154	30.90	3.57
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.154	30.90	3.57
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	7	124.17	17.74	.269	24.83	4.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	15.60	15.60	.038	15.60	.60
@PHARMACY	23	106	\$ 3,226.26	\$ 30.44	4.077	\$ 140.27	\$ 124.09
PRESCRIPTION DRUGS	23	106	3,226.26	30.44	4.077	140.27	124.09
SNF/ICF	14	58	1,321.96	22.79	2.231	94.43	50.84
OUTPATIENTS	10	48	1,904.30	39.67	1.846	190.43	73.24
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	6	9	\$ 316.00	\$ 35.11	.346	\$ 52.67	\$ 12.15
VISITS - DIAGNOSTIC	4	5	150.00	30.00	.192	37.50	5.77
ORAL SURGERY	2	4	166.00	41.50	.154	83.00	6.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,718
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	5	\$ 344.20	\$ 68.84	.192	\$ 344.20	\$ 13.24
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	32	\$ 897.79	\$ 28.06	1.231	\$ 128.26	\$ 34.53
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	32	897.79	28.06	1.231	128.26	34.53
MEDICAL	1	1	52.75	52.75	.038	52.75	2.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	10	127.71	12.77	.385	63.86	4.91
RADIOLOGY	4	8	355.64	44.46	.308	88.91	13.68
ROOM USE	6	10	335.31	33.53	.385	55.89	12.90
CROSSOVERS/ALL OTH OUTPTNT	3	3	26.38	8.79	.115	8.79	1.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,719
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	32	\$ 897.79	\$ 28.06	1.231 \$ 128.26 \$ 34.53
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	7	32	897.79	28.06	1.231 128.26 34.53
MEDICAL	1	1	52.75	52.75	.038 52.75 2.03
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	2	10	127.71	12.77	.385 63.86 4.91
RADIOLOGY	4	8	355.64	44.46	.308 88.91 13.68
ROOM USE	6	10	335.31	33.53	.385 55.89 12.90
CROSSOVERS/ALL OTH OUTPTNT	3	3	26.38	8.79	.115 8.79 1.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	17	525	\$ 56,093.21	\$ 106.84	20.192 \$ 3299.60 \$ 2157.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	17	525	56,093.21	106.84	20.192 3299.60 2157.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	17	\$	132.38	\$	7.79	.654	\$ 66.19	\$ 5.09
PATHOLOGY	2	17		132.38		7.79	.654	66.19	5.09
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,720
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	103	\$ 602.76	\$ 5.85	3.962	\$ 301.38	\$ 23.18
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	103	602.76	5.85	3.962	301.38	23.18
AMBULANCES/AIR TRANS	2	103	602.76	5.85	3.962	301.38	23.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 5.88	\$.00	.000	\$ 5.88	\$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,721
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,722
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,723
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,724
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,725
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77	1,081	\$ 93,629.76	\$ 86.61	11.379	\$ 1215.97	\$ 985.58
@PHYSICIANS SERVICES	40	110	\$ 5,027.87	\$ 45.71	1.158	\$ 125.70	\$ 52.92
OUTPATIENT VISITS	22	31	1,140.50	36.79	.326	51.84	12.01
OFFICE VISITS	12	18	527.07	29.28	.189	43.92	5.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	613.43	47.19	.137	51.12	6.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	11	395.73	35.98	.116	65.96	4.17
HOSPITAL VISITS	3	7	303.03	43.29	.074	101.01	3.19
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.042	30.90	.98
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42	2,878.16	68.53	.442	575.63	30.30
PRINCIPAL SURGEON	4	5	2,091.22	418.24	.053	522.81	22.01
ASSISTANT SURGEON	1	1	186.50	186.50	.011	186.50	1.96
ANESTHESIOLOGIST	2	36	600.44	16.68	.379	300.22	6.32
OUTPATIENT SURGERY	1	1	46.98	46.98	.011	46.98	.49
PRINCIPAL SURGEON	1	1	46.98	46.98	.011	46.98	.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	79.97	26.66	.032	26.66	.84
RADIOLOGY	16	20	405.81	20.29	.211	25.36	4.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	80.72	40.36	.021	40.36	.85
@PHARMACY	39	149	\$ 6,006.95	\$ 40.32	1.568	\$ 154.02	\$ 63.23
PRESCRIPTION DRUGS	39	149	6,006.95	40.32	1.568	154.02	63.23
SNF/ICF	14	58	1,321.96	22.79	.611	94.43	13.92
OUTPATIENTS	26	91	4,684.99	51.48	.958	180.19	49.32
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	7	11	\$ 376.00	\$ 34.18	.116	\$ 53.71	\$ 3.96
VISITS - DIAGNOSTIC	5	7	210.00	30.00	.074	42.00	2.21
ORAL SURGERY	2	4	166.00	41.50	.042	83.00	1.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

NEVADA COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	5	\$ 344.20	\$ 68.84	.053	\$ 344.20	\$ 3.62
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	25	147	\$ 24,411.64	\$ 166.07	1.547	\$ 976.47	\$ 256.96
HOSP INPATIENT TOTAL	3	14	19,928.85	1423.49	.147	6642.95	209.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	14	19,928.85	1423.49	.147	6642.95	209.78
ACCOMMODATIONS	3	14	3,583.24	255.95	.147	1194.41	37.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	3,583.24	255.95	.147	1194.41	37.72
ANCILLARIES	3	0	16,345.61	.00	.000	5448.54	172.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	22	133	4,482.79	33.71	1.400	203.76	47.19
MEDICAL	1	1	77.28	77.28	.011	77.28	.81
SURGERY	1	1	39.77	39.77	.011	39.77	.42
PATHOLOGY	10	34	653.60	19.22	.358	65.36	6.88
RADIOLOGY	8	12	593.88	49.49	.126	74.24	6.25
ROOM USE	20	34	1,247.10	36.68	.358	62.36	13.13
CROSSOVERS/ALL OTH OUTPTNT	12	51	1,871.16	36.69	.537	155.93	19.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,727
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	147	\$ 24,411.64	\$ 166.07	1.547	\$ 976.47	\$ 256.96
COMM HOSP INPATIENT TOTAL	3	14	19,928.85	1423.49	.147	6642.95	209.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	14	19,928.85	1423.49	.147	6642.95	209.78
ACCOMMODATIONS	3	14	3,583.24	255.95	.147	1194.41	37.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	3,583.24	255.95	.147	1194.41	37.72
ANCILLARIES	3	0	16,345.61	.00	.000	5448.54	172.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	133	4,482.79	33.71	1.400	203.76	47.19
MEDICAL	1	1	77.28	77.28	.011	77.28	.81
SURGERY	1	1	39.77	39.77	.011	39.77	.42
PATHOLOGY	10	34	653.60	19.22	.358	65.36	6.88
RADIOLOGY	8	12	593.88	49.49	.126	74.24	6.25
ROOM USE	20	34	1,247.10	36.68	.358	62.36	13.13
CROSSOVERS/ALL OTH OUTPTNT	12	51	1,871.16	36.69	.537	155.93	19.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	525	\$ 56,093.21	\$ 106.84	5.526	\$ 3299.60	\$ 590.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	525		56,093.21	106.84	5.526	3299.60	590.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	21	\$	206.51	\$ 9.83	.221	\$ 41.30	\$ 2.17
PATHOLOGY	5	21		206.51	9.83	.221	41.30	2.17
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	145.22	\$ 72.61	.021	\$ 145.22	\$ 1.53
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2		145.22	72.61	.021	145.22	1.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

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95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	111	\$ 1,018.16	\$ 9.17	1.168	\$ 145.45	\$ 10.72
DURABLE MED. EQUIP.	1	4	45.40	11.35	.042	45.40	.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	103	602.76	5.85	1.084	301.38	6.34
AMBULANCES/AIR TRANS	2	103	602.76	5.85	1.084	301.38	6.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	.042	92.50	3.89
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 5.88 \$.00 .000 \$ 5.88 \$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,729
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	10,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,237	158,269	\$	11,233,275.08	\$ 70.98	15.756	\$ 1363.76	\$ 1118.30
@PHYSICIANS SERVICES	1,111	3,897	\$	54,271.28	\$ 13.93	.388	\$ 48.85	\$ 5.40
OUTPATIENT VISITS	28	40		1,384.77	34.62	.004	49.46	.14
OFFICE VISITS	24	35		952.51	27.21	.003	39.69	.09
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5		432.26	86.45	.000	86.45	.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	22	44		1,688.69	38.38	.004	76.76	.17
HOSPITAL VISITS	8	28		1,289.86	46.07	.003	161.23	.13
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	16		398.83	24.93	.002	28.49	.04
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		139.24	139.24	.000	139.24	.01
PRINCIPAL SURGEON	1	1		139.24	139.24	.000	139.24	.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	32		111.63	3.49	.003	11.16	.01
RADIOLOGY	8	19		336.43	17.71	.002	42.05	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.00	10.00	.000	10.00	.00
OTHER SERVICES/ALL X-OVERS	1,071	3,760		50,600.52	13.46	.374	47.25	5.04
@PHARMACY	6,863	46,432	\$	1,818,026.90	\$ 39.15	4.622	\$ 264.90	\$ 180.99
PRESCRIPTION DRUGS	6,810	33,082		1,784,839.40	53.95	3.293	262.09	177.68
SNF/ICF	2,352	15,219		666,669.25	43.81	1.515	283.45	66.37
OUTPATIENTS	4,573	17,863		1,118,170.15	62.60	1.778	244.52	111.32
MEDICAL SUPPLIES	388	13,350		33,187.50	2.49	1.329	85.53	3.30
@DENTIST	406	1,236	\$	59,340.80	\$ 48.01	.123	\$ 146.16	\$ 5.91
VISITS - DIAGNOSTIC	297	702		12,105.50	17.24	.070	40.76	1.21
ORAL SURGERY	51	217		8,494.00	39.14	.022	166.55	.85
DRUGS	1	2		15.00	7.50	.000	15.00	.00
ANESTHESIA	3	3		300.00	100.00	.000	100.00	.03
PERIODONTICS	4	4		655.00	163.75	.000	163.75	.07
ENDODONTICS	7	13		3,295.00	253.46	.001	470.71	.33
RESTORATIVE DENTISTRY	61	144		12,972.75	90.09	.014	212.67	1.29
PROSTHETICS	7	7		150.00	21.43	.001	21.43	.01
DENTURES, STAYPLATES	78	145		21,353.55	147.27	.014	273.76	2.13
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1CR	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,730
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	10,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	119		269	\$ 5,046.85	\$ 18.76	.027	\$ 42.41	\$.50
DIAGNOSTIC AND ANC. PROCED	5		5	197.81	39.56	.000	39.56	.02
EYE APPLIANCES	73		193	3,318.72	17.20	.019	45.46	.33
OTHER OPTOMETRIC SERVICES	49		71	1,530.32	21.55	.007	31.23	.15
@CHIROPRACTOR	9		17	\$ 227.48	\$ 13.38	.002	\$ 25.28	\$.02
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	9		17	227.48	13.38	.002	25.28	.02
@PODIATRIST	429		486	\$ 4,603.43	\$ 9.47	.048	\$ 10.73	\$.46
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	429		486	4,603.43	9.47	.048	10.73	.46
@HOME HEALTH AGENCY	2		8	\$ 524.05	\$ 65.51	.001	\$ 262.03	\$.05
NURSE ANESTHESIST	3		57	\$ 128.54	\$ 2.26	.006	\$ 42.85	\$.01
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3		3	\$ 47.25	\$ 15.75	.000	\$ 15.75	\$.00
@TOTAL HOSPITAL	836		4,457	\$ 291,328.80	\$ 65.36	.444	\$ 348.48	\$ 29.00
HOSP INPATIENT TOTAL	174		881	210,355.27	238.77	.088	1208.94	20.94
HSC HOSPITALS	1		6	5,700.00	950.00	.001	5700.00	.57
NON-HSC HOSPITAL TOTAL	9		78	85,955.99	1102.00	.008	9550.67	8.56
ACCOMMODATIONS	9		78	32,028.55	410.62	.008	3558.73	3.19
ADMINISTRATIVE DAYS	1		3	665.86	221.95	.000	665.86	.07
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9		75	31,362.69	418.17	.007	3484.74	3.12
ANCILLARIES	9		0	53,927.44	.00	.000	5991.94	5.37
INPATIENT CROSSOVERS	165		797	118,699.28	148.93	.079	719.39	11.82
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	685		3,576	80,973.53	22.64	.356	118.21	8.06
MEDICAL	5		10	893.94	89.39	.001	178.79	.09
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	13		67	786.90	11.74	.007	60.53	.08
RADIOLOGY	8		15	2,250.55	150.04	.001	281.32	.22
ROOM USE	5		5	195.14	39.03	.000	39.03	.02
CROSSOVERS/ALL OTH OUTPTNT	668		3,479	76,847.00	22.09	.346	115.04	7.65
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	10,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	836		4,457 \$	291,328.80	\$ 65.36	.444	\$ 348.48	\$ 29.00
COMM HOSP INPATIENT TOTAL	174		881	210,355.27	238.77	.088	1208.94	20.94
HSC HOSPITALS	1		6	5,700.00	950.00	.001	5700.00	.57
NON-HSC HOSPITALS TOTAL	9		78	85,955.99	1102.00	.008	9550.67	8.56
ACCOMMODATIONS	9		78	32,028.55	410.62	.008	3558.73	3.19
ADMINISTRATIVE DAYS	1		3	665.86	221.95	.000	665.86	.07
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9		75	31,362.69	418.17	.007	3484.74	3.12
ANCILLARIES	9		0	53,927.44	.00	.000	5991.94	5.37
INPATIENT CROSSOVERS	165		797	118,699.28	148.93	.079	719.39	11.82
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	685		3,576	80,973.53	22.64	.356	118.21	8.06
MEDICAL	5		10	893.94	89.39	.001	178.79	.09
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	13		67	786.90	11.74	.007	60.53	.08
RADIOLOGY	8		15	2,250.55	150.04	.001	281.32	.22
ROOM USE	5		5	195.14	39.03	.000	39.03	.02
CROSSOVERS/ALL OTH OUTPTNT	668		3,479	76,847.00	22.09	.346	115.04	7.65
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,764	83,296	\$ 8,612,672.83	\$ 103.40	8.292	\$ 3116.02	\$ 857.41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	220	20,497.80	93.17	.022	2928.26	2.04
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,758	83,076	8,592,175.03	103.43	8.270	3115.36	855.37
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	30	\$ 11,924.74	\$ 397.49	.003	\$ 458.64	\$ 1.19
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	30	11,924.74	397.49	.003	458.64	1.19
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	235	\$ 184.48	\$.79	.023	\$ 20.50	\$.02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	9	235	184.48	.79	.023	20.50	.02
@ORGANIZED OUTPATIENT CLINIC	146	287	\$ 31,046.41	\$ 108.18	.029	\$ 212.65	\$ 3.09
CLINIC	1	1	8.08	8.08	.000	8.08	.00
SURGICENTER	10	12	2,393.76	199.48	.001	239.38	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	135	274	28,644.57	104.54	.027	212.18	2.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,732
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 55 ALL AGED						

	10,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,251	17,559	\$	343,901.24	\$ 19.59	1.748	\$ 274.90	\$ 34.24
DURABLE MED. EQUIP.	104	428		37,692.94	88.07	.043	362.43	3.75
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	57	80		15,034.60	187.93	.008	263.76	1.50
MEDICAL TRANSPORTATION	84	1,465		5,614.69	3.83	.146	66.84	.56
AMBULANCES/AIR TRANS	9	48		1,022.45	21.30	.005	113.61	.10
OTHER TRANS	42	511		1,666.97	3.26	.051	39.69	.17
OTHER SERVICES	34	906		2,925.27	3.23	.090	86.04	.29
ACUPUNCTURE	2	18		227.10	12.62	.002	113.55	.02
ADULT DAY HEALTH CARE CTR	137	1,833		122,068.05	66.59	.182	891.01	12.15
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	135	297		3,762.56	12.67	.030	27.87	.37
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	14	24		37.78	1.57	.002	2.70	.00
PROSTHETIST/ORTHOTISTS	32	69		1,488.15	21.57	.007	46.50	.15
PROSTHETICS	32	69		1,488.15	21.57	.007	46.50	.15
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		7.16	3.58	.000	7.16	.00
SPEECH AND AUDIOLOGY	23	31		2,344.49	75.63	.003	101.93	.23
HOSPICE SERVICES	50	1,038		103,304.47	99.52	.103	2066.09	10.28
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	708	12,274	52,319.25	4.26	1.222	73.90	5.21
@CALIF. CHILDREN SERVICES*	0	3CR	\$ 68.52CR	\$ 22.84	.000	\$.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	3,034	16,118	\$ 567,295.14	\$ 35.20	1.605	\$ 186.98	\$ 56.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	545	22,968	\$ 570,965.86	\$ 24.86	30.421	\$ 1047.64	\$ 756.25
@PHYSICIANS SERVICES	183	540	\$ 13,385.02	\$ 24.79	.715	\$ 73.14	\$ 17.73
OUTPATIENT VISITS	88	117	4,121.01	35.22	.155	46.83	5.46
OFFICE VISITS	68	82	2,768.74	33.77	.109	40.72	3.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,201.23	40.04	.040	50.05	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	151.04	30.21	.007	30.21	.20
INPATIENT VISITS	2	8	465.47	58.18	.011	232.74	.62
HOSPITAL VISITS	2	8	465.47	58.18	.011	232.74	.62
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	286.21	35.78	.011	35.78	.38
EXAMINATIONS	8	8	286.21	35.78	.011	35.78	.38
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,540.08	770.04	.003	770.04	2.04
PRINCIPAL SURGEON	2	2	1,147.80	573.90	.003	573.90	1.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	392.28	.00	.000	.00	.52
OUTPATIENT SURGERY	8	12	666.13	55.51	.016	83.27	.88
PRINCIPAL SURGEON	8	10	574.78	57.48	.013	71.85	.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	91.35	45.68	.003	91.35	.12
DIALYSIS	5	5	1,134.21	226.84	.007	226.84	1.50
PATHOLOGY	9	15	382.58	25.51	.020	42.51	.51
RADIOLOGY	27	48	1,415.38	29.49	.064	52.42	1.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.00	10.00	.001	10.00	.01
OTHER SERVICES/ALL X-OVERS	86	324	3,363.95	10.38	.429	39.12	4.46
@PHARMACY	426	4,099	\$ 236,188.63	\$ 57.62	5.429	\$ 554.43	\$ 312.83
PRESCRIPTION DRUGS	424	2,240	229,860.37	102.62	2.967	542.12	304.45
SNF/ICF	48	377	15,835.63	42.00	.499	329.91	20.97
OUTPATIENTS	379	1,863	214,024.74	114.88	2.468	564.71	283.48
MEDICAL SUPPLIES	43	1,859	6,328.26	3.40	2.462	147.17	8.38
@DENTIST	29	76	\$ 2,002.00	\$ 26.34	.101	\$ 69.03	\$ 2.65
VISITS - DIAGNOSTIC	26	54	1,107.00	20.50	.072	42.58	1.47
ORAL SURGERY	5	8	300.00	37.50	.011	60.00	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12	465.00	38.75	.016	77.50	.62
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,734
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 148.01	\$ 29.60	.007	\$ 74.01	\$.20
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.13
EYE APPLIANCES	1	3	53.11	17.70	.004	53.11	.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.009	\$ 58.52	\$.16
VISITS	2	7	117.04	16.72	.009	58.52	.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	15	\$ 236.88	\$ 15.79	.020	\$ 19.74	\$.31
MEDICINE/INJECTIONS	1	1	51.00	51.00	.001	51.00	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	14	185.88	13.28	.019	16.90	.25
@HOME HEALTH AGENCY	2	724	\$ 21,421.00	\$ 29.59	.959	\$ 10710.50	\$ 28.37
NURSE ANESTHESIST	2	14	\$ 37.41	\$ 2.67	.019	\$ 18.71	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	126	622	\$ 29,448.77	\$ 47.35	.824	\$ 233.72	\$ 39.00
HOSP INPATIENT TOTAL	11	41	17,908.22	436.79	.054	1628.02	23.72
HSC HOSPITALS	1	8	9,615.00	1201.88	.011	9615.00	12.74
NON-HSC HOSPITAL TOTAL	2	3	2,656.00	885.33	.004	1328.00	3.52
ACCOMMODATIONS	2	3	967.54	322.51	.004	483.77	1.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	967.54	322.51	.004	483.77	1.28
ANCILLARIES	2	0	1,688.46	.00	.000	844.23	2.24
INPATIENT CROSSOVERS	8	30	5,637.22	187.91	.040	704.65	7.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	119	581	11,540.55	19.86	.770	96.98	15.29
MEDICAL	10	12	595.19	49.60	.016	59.52	.79
SURGERY	7	7	124.95	17.85	.009	17.85	.17
PATHOLOGY	32	134	1,832.69	13.68	.177	57.27	2.43
RADIOLOGY	21	30	1,177.32	39.24	.040	56.06	1.56
ROOM USE	41	52	2,032.06	39.08	.069	49.56	2.69
CROSSOVERS/ALL OTH OUTPTNT	72	346	5,778.34	16.70	.458	80.25	7.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,735
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	126	622	\$ 29,448.77	\$ 47.35	.824 \$ 233.72 \$ 39.00
COMM HOSP INPATIENT TOTAL	11	41	17,908.22	436.79	.054 1628.02 23.72
HSC HOSPITALS	1	8	9,615.00	1201.88	.011 9615.00 12.74
NON-HSC HOSPITALS TOTAL	2	3	2,656.00	885.33	.004 1328.00 3.52
ACCOMMODATIONS	2	3	967.54	322.51	.004 483.77 1.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	2	3	967.54	322.51	.004 483.77 1.28
ANCILLARIES	2	0	1,688.46	.00	.000 844.23 2.24
INPATIENT CROSSOVERS	8	30	5,637.22	187.91	.040 704.65 7.47
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	119	581	11,540.55	19.86	.770 96.98 15.29
MEDICAL	10	12	595.19	49.60	.016 59.52 .79
SURGERY	7	7	124.95	17.85	.009 17.85 .17
PATHOLOGY	32	134	1,832.69	13.68	.177 57.27 2.43
RADIOLOGY	21	30	1,177.32	39.24	.040 56.06 1.56
ROOM USE	41	52	2,032.06	39.08	.069 49.56 2.69
CROSSOVERS/ALL OTH OUTPTNT	72	346	5,778.34	16.70	.458 80.25 7.65
@STATE HOSPITAL	0	0	.00	.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	39	970	\$ 111,302.88	\$ 114.75	1.285 \$ 2853.92 \$ 147.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	39	970	111,302.88	114.75	1.285 2853.92 147.42
@INTERMEDIATE CARE FACIL.-DD	10	383	\$ 53,331.61	\$ 139.25	.507 \$ 5333.16 \$ 70.64
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	6	222	25,787.42	116.16	.294 4297.90 34.16
ICF DDN/DDCN	4	161	27,544.19	171.08	.213 6886.05 36.48
@HEMODIALYSIS TOTAL	26	323	\$ 21,648.39	\$ 67.02	.428 \$ 832.63 \$ 28.67
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	26	323	21,648.39	67.02	.428 832.63 28.67
@REHABILITATION FACILITY	13	105	\$ 1,618.49	\$ 15.41	.139 \$ 124.50 \$ 2.14
HOSPITAL BASED	1	1	34.56	34.56	.001 34.56 .05

INDEPENDENT FACILITY	12	104		1,583.93		15.23	.138	131.99		2.10
@LABORATORY FACILITY	6	48	\$	871.10	\$	18.15	.064	\$ 145.18	\$	1.15
PATHOLOGY	6	48		871.10		18.15	.064	145.18		1.15
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	29	53	\$	6,825.70	\$	128.79	.070	\$ 235.37	\$	9.04
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	29	53		6,825.70		128.79	.070	235.37		9.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,736
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

755 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	162	14,984	\$ 72,382.93	\$ 4.83	19.846	\$ 446.81	\$ 95.87
DURABLE MED. EQUIP.	11	48	5,426.96	113.06	.064	493.36	7.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7	722.76	103.25	.009	144.55	.96
MEDICAL TRANSPORTATION	8	107	3,298.14	30.82	.142	412.27	4.37
AMBULANCES/AIR TRANS	3	55	1,283.53	23.34	.073	427.84	1.70
OTHER TRANS	2	28	81.96	2.93	.037	40.98	.11
OTHER SERVICES	4	24	1,932.65	80.53	.032	483.16	2.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	222	14,810.45	66.71	.294	617.10	19.62
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	168.48	10.53	.021	24.07	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	1,142.38	103.85	.015	571.19	1.51

PROSTHETICS	2	11		1,142.38	103.85	.015	571.19	1.51
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2		76.02	38.01	.003	38.01	.10
SPEECH AND AUDIOLOGY	4	5		227.68	45.54	.007	56.92	.30
HOSPICE SERVICES	3	76		8,153.28	107.28	.101	2717.76	10.80
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	7,053		32,569.10	4.62	9.342	775.45	43.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	7,437		5,787.68	.78	9.850	86.38	7.67
@CALIF. CHILDREN SERVICES*	34	631	\$	18,216.69	\$ 28.87	.836	\$ 535.79	\$ 24.13
@XOVER EXCLUDING STATE HOSP**	154	2,529	\$	33,629.08	\$ 13.30	3.350	\$ 218.37	\$ 44.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,737
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	20,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,692	410,696	\$	12,899,600.26	\$ 31.41	20.019	\$ 822.05	\$ 628.79
@PHYSICIANS SERVICES	4,978	18,487	\$	606,899.47	\$ 32.83	.901	\$ 121.92	\$ 29.58
OUTPATIENT VISITS	2,934	4,890		173,068.82	35.39	.238	58.99	8.44
OFFICE VISITS	2,226	3,363		100,656.73	29.93	.164	45.22	4.91
HOME VISITS	5	6		337.49	56.25	.000	67.50	.02
EMERGENCY ROOM	898	1,307		65,584.09	50.18	.064	73.03	3.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2		186.31	93.16	.000	186.31	.01
OTHER OUTPATIENT	196	212		6,304.20	29.74	.010	32.16	.31
INPATIENT VISITS	305	1,405		56,650.47	40.32	.068	185.74	2.76
HOSPITAL VISITS	230	1,259		48,543.21	38.56	.061	211.06	2.37
CRITICAL CARE	16	47		5,150.38	109.58	.002	321.90	.25
SNF/ICF/TRANS IP CARE	75	99		2,956.88	29.87	.005	39.43	.14
OPHTHALMOLOGICAL SERVICES	94	104		4,604.04	44.27	.005	48.98	.22
EXAMINATIONS	94	104		4,604.04	44.27	.005	48.98	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	123	801		83,238.18	103.92	.039	676.73	4.06
PRINCIPAL SURGEON	92	144		62,754.26	435.79	.007	682.11	3.06
ASSISTANT SURGEON	15	17		5,285.14	310.89	.001	352.34	.26
ANESTHESIOLOGIST	48	640		15,198.78	23.75	.031	316.64	.74
OUTPATIENT SURGERY	374	907		70,044.32	77.23	.044	187.28	3.41
PRINCIPAL SURGEON	315	404		57,271.08	141.76	.020	181.81	2.79
ASSISTANT SURGEON	4	4		598.66	149.67	.000	149.67	.03
ANESTHESIOLOGIST	80	499		12,174.58	24.40	.024	152.18	.59
DIALYSIS	24	133		7,218.64	54.28	.006	300.78	.35
PATHOLOGY	389	783		15,872.41	20.27	.038	40.80	.77
RADIOLOGY	1,047	1,968		62,613.01	31.82	.096	59.80	3.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	171	430		6,162.60	14.33	.021	36.04	.30
OTHER SERVICES/ALL X-OVERS	2,047	7,066		127,426.98	18.03	.344	62.25	6.21
@PHARMACY	12,906	140,096	\$	6,705,928.12	\$ 47.87	6.829	\$ 519.60	\$ 326.88
PRESCRIPTION DRUGS	12,805	57,199		6,585,255.28	115.13	2.788	514.27	321.00
SNF/ICF	472	3,101		254,745.99	82.15	.151	539.72	12.42
OUTPATIENTS	12,393	54,098		6,330,509.29	117.02	2.637	510.81	308.58

MEDICAL SUPPLIES	731	82,897		120,672.84		1.46	4.041	165.08		5.88
@DENTIST	1,154	4,352	\$	198,774.65	\$	45.67	.212	\$ 172.25	\$	9.69
VISITS - DIAGNOSTIC	773	2,485		40,300.59		16.22	.121	52.14		1.96
ORAL SURGERY	170	649		27,891.37		42.98	.032	164.07		1.36
DRUGS	16	16		275.00		17.19	.001	17.19		.01
ANESTHESIA	12	13		1,300.00		100.00	.001	108.33		.06
PERIODONTICS	32	47		8,385.00		178.40	.002	262.03		.41
ENDODONTICS	51	69		14,968.00		216.93	.003	293.49		.73
RESTORATIVE DENTISTRY	350	837		64,948.50		77.60	.041	185.57		3.17
PROSTHETICS	12	11		259.00		23.55	.001	21.58		.01
DENTURES, STAYPLATES	105	210		39,511.00		188.15	.010	376.30		1.93
SPACE MAINTAINERS	4	4		600.00		150.00	.000	150.00		.03
MAXILLOFACIAL SERVICES	2	2		266.19		133.10	.000	133.10		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		70.00		35.00	.000	35.00		.00
ALL OTHER SERVICES	6	7		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002				PAGE 8,738		
MOP024				FEE-FOR-SERVICE/DENTAL				01/17/03		
NEVADA COUNTY				SUMMARY OF SERVICES FOR 57 ALL DISABLED						

	20,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	424	1,208	\$	24,377.83	\$ 20.18	.059	\$ 57.49	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	155	160		7,200.07	45.00	.008	46.45	.35
EYE APPLIANCES	327	959		15,379.22	16.04	.047	47.03	.75
OTHER OPTOMETRIC SERVICES	77	89		1,798.54	20.21	.004	23.36	.09
@CHIROPRACTOR	96	151	\$	2,429.25	\$ 16.09	.007	\$ 25.30	\$.12
VISITS	86	135		2,253.02	16.69	.007	26.20	.11
OTHER SERVICES	10	16		176.23	11.01	.001	17.62	.01
@PODIATRIST	167	227	\$	3,986.18	\$ 17.56	.011	\$ 23.87	\$.19
MEDICINE/INJECTIONS	64	71		1,755.95	24.73	.003	27.44	.09
SURGERY/ANES.	1	1		19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	1	1		13.00	13.00	.000	13.00	.00
OTHER	110	154		2,198.23	14.27	.008	19.98	.11
@HOME HEALTH AGENCY	107	2,654	\$	100,542.91	\$ 37.88	.129	\$ 939.65	\$ 4.90
NURSE ANESTHESIST	9	114	\$	305.04	\$ 2.68	.006	\$ 33.89	\$.01
NURSE MIDWIFE	1	2	\$	131.58	\$ 65.79	.000	\$ 131.58	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	81	102	\$	2,397.30	\$ 23.50	.005	\$ 29.60	\$.12
@TOTAL HOSPITAL	3,602	20,621	\$	2,371,581.59	\$ 115.01	1.005	\$ 658.41	\$ 115.60
HOSP INPATIENT TOTAL	348	2,078		1,874,567.70	902.10	.101	5386.69	91.38
HSC HOSPITALS	44	495		589,520.28	1190.95	.024	13398.19	28.74
NON-HSC HOSPITAL TOTAL	176	834		1,187,946.26	1424.40	.041	6749.69	57.91
ACCOMMODATIONS	175	834		335,664.09	402.47	.041	1918.08	16.36
ADMINISTRATIVE DAYS	9	166		51,236.84	308.66	.008	5692.98	2.50
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	169	668		284,427.25	425.79	.033	1683.00	13.86
ANCILLARIES	176	0		852,282.17	.00	.000	4842.51	41.54
INPATIENT CROSSOVERS	137	749		97,101.16	129.64	.037	708.77	4.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,391	18,543		497,013.89	26.80	.904	146.57	24.23
MEDICAL	471	703		28,306.98	40.27	.034	60.10	1.38
SURGERY	257	276		10,047.23	36.40	.013	39.09	.49
PATHOLOGY	1,316	5,436		68,632.76	12.63	.265	52.15	3.35
RADIOLOGY	815	1,327		116,627.55	87.89	.065	143.10	5.68
ROOM USE	1,359	2,160		91,194.17	42.22	.105	67.10	4.45

CROSSEOVERS/ALL OTH OUTPTNT	1,804	8,641		182,205.20	21.09	.421	101.00	8.88	
@COUNTY HOSPITAL TOTAL	11	148	\$	107,978.30	\$ 729.58	.007	\$ 9816.21	\$ 5.26	
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78	1085.56	.005	106384.78	5.19	
HSC HOSPITALS	1	53		71,656.00	1352.00	.003	71656.00	3.49	
NON-HSC HOSPITALS TOTAL	1	45		34,728.78	771.75	.002	34728.78	1.69	
ACCOMMODATIONS	1	45		10,408.50	231.30	.002	10408.50	.51	
ADMINISTRATIVE DAYS	1	45		10,408.50	231.30	.002	10408.50	.51	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	1	0		24,320.28	.00	.000	24320.28	1.19	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	10	50		1,593.52	31.87	.002	159.35	.08	
MEDICAL	3	4		329.50	82.38	.000	109.83	.02	
SURGERY	1	1		11.25	11.25	.000	11.25	.00	
PATHOLOGY	3	15		202.41	13.49	.001	67.47	.01	
RADIOLOGY	3	5		100.79	20.16	.000	33.60	.00	
ROOM USE	6	12		562.26	46.86	.001	93.71	.03	
CROSSEOVERS/ALL OTH OUTPTNT	7	13		387.31	29.79	.001	55.33	.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,739
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

						----- MONTHLY AVERAGE -----		
20,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,595	20,473	\$ 2,263,603.29	\$ 110.57	.998	\$ 629.65	\$ 110.34	
COMM HOSP INPATIENT TOTAL	347	1,980	1,768,182.92	893.02	.097	5095.63	86.19	
HSC HOSPITALS	43	442	517,864.28	1171.64	.022	12043.36	25.24	
NON-HSC HOSPITALS TOTAL	175	789	1,153,217.48	1461.62	.038	6589.81	56.21	
ACCOMMODATIONS	174	789	325,255.59	412.24	.038	1869.29	15.85	
ADMINISTRATIVE DAYS	8	121	40,828.34	337.42	.006	5103.54	1.99	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	169	668	284,427.25	425.79	.033	1683.00	13.86	
ANCILLARIES	175	0	827,961.89	.00	.000	4731.21	40.36	
INPATIENT CROSSEOVERS	137	749	97,101.16	129.64	.037	708.77	4.73	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,385	18,493	495,420.37	26.79	.901	146.36	24.15	
MEDICAL	469	699	27,977.48	40.03	.034	59.65	1.36	
SURGERY	256	275	10,035.98	36.49	.013	39.20	.49	
PATHOLOGY	1,313	5,421	68,430.35	12.62	.264	52.12	3.34	
RADIOLOGY	813	1,322	116,526.76	88.14	.064	143.33	5.68	
ROOM USE	1,354	2,148	90,631.91	42.19	.105	66.94	4.42	
CROSSEOVERS/ALL OTH OUTPTNT	1,797	8,628	181,817.89	21.07	.421	101.18	8.86	
@STATE HOSPITAL	7	212	\$ 91,450.59	\$ 431.37	.010	\$ 13064.37	\$ 4.46	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	7	212	91,450.59	431.37	.010	13064.37	4.46	
@NURSING FACILITY	347	9,912	\$ 1,185,016.45	\$ 119.55	.483	\$ 3415.03	\$ 57.76	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	347	9,912	1,185,016.45	119.55	.483	3415.03	57.76	
@INTERMEDIATE CARE FACIL.-DD	44	1,412	\$ 202,202.30	\$ 143.20	.069	\$ 4595.51	\$ 9.86	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	23	863	104,987.38	121.65	.042	4564.67	5.12	

ICF DDN/DDCN	21	549		97,214.92		177.08	.027	4629.28	4.74
@HEMODIALYSIS TOTAL	159	3,040	\$	157,819.52	\$	51.91	.148	\$ 992.58	\$ 7.69
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	159	3,040		157,819.52		51.91	.148	992.58	7.69
@REHABILITATION FACILITY	44	575	\$	8,006.71	\$	13.92	.028	\$ 181.97	\$.39
HOSPITAL BASED	6	24		934.25		38.93	.001	155.71	.05
INDEPENDENT FACILITY	38	551		7,072.46		12.84	.027	186.12	.34
@LABORATORY FACILITY	411	1,834	\$	24,514.53	\$	13.37	.089	\$ 59.65	\$ 1.19
PATHOLOGY	404	1,770		24,476.34		13.83	.086	60.59	1.19
XO AND OTHERS	7	64		38.19		.60	.003	5.46	.00
@ORGANIZED OUTPATIENT CLINIC	1,275	2,269	\$	237,845.44	\$	104.82	.111	\$ 186.55	\$ 11.59
CLINIC	55	111		2,621.58		23.62	.005	47.67	.13
SURGICENTER	8	20		1,365.10		68.26	.001	170.64	.07
HEROIN DETOX CLINIC	2	7		102.20		14.60	.000	51.10	.00
RURAL HEALTH CLINIC	1,218	2,131		233,756.56		109.69	.104	191.92	11.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,740
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

	20,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,547	203,428	\$	975,390.80	\$ 4.79	9.916	\$ 382.96	\$ 47.55
DURABLE MED. EQUIP.	360	1,266		171,880.86	135.77	.062	477.45	8.38
BLOOD BANK	0	0		38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	32	44		8,618.52	195.88	.002	269.33	.42
MEDICAL TRANSPORTATION	263	7,212		57,901.74	8.03	.352	220.16	2.82
AMBULANCES/AIR TRANS	187	2,144		40,067.01	18.69	.105	214.26	1.95
OTHER TRANS	22	3,400		9,697.60	2.85	.166	440.80	.47
OTHER SERVICES	59	1,668		8,137.13	4.88	.081	137.92	.40
ACUPUNCTURE	2	5		81.10	16.22	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	141	1,822		119,769.82	65.74	.089	849.43	5.84
GENETIC DISEASE TESTING	3	3		188.00	62.67	.000	62.67	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	108	5,395		185,378.58	34.36	.263	1716.47	9.04
OCCUPATIONAL THERAPIST	5	55		446.78	8.12	.003	89.36	.02
OPTICIAN	416	954		10,551.33	11.06	.047	25.36	.51
PHYSICAL THERAPIST	8	22		462.10	21.00	.001	57.76	.02
PORTABLE X-RAY	2	5		124.40	24.88	.000	62.20	.01
PROSTHETIST/ORTHOTISTS	95	304		31,572.27	103.86	.015	332.34	1.54
PROSTHETICS	85	292		31,155.89	106.70	.014	366.54	1.52
ORTHOTICS	10	12		416.38	34.70	.001	41.64	.02
PSYCHOLOGIST	9	29		481.54	16.60	.001	53.50	.02
SPEECH AND AUDIOLOGY	88	272		20,812.78	76.52	.013	236.51	1.01
HOSPICE SERVICES	38	920		108,056.47	117.45	.045	2843.59	5.27
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	389	36,711		131,892.57	3.59	1.789	339.06	6.43
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	808	148,409		127,133.94	.86	7.234	157.34	6.20
@CALIF. CHILDREN SERVICES*	264	4,235	\$	200,401.95	\$ 47.32	.206	\$ 759.10	\$ 9.77
@XOVER EXCLUDING STATE HOSP**	2,595	33,668	\$	425,263.22	\$ 12.63	1.641	\$ 163.88	\$ 20.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

46,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,309	119,197	\$ 6,481,734.18	\$ 54.38	2.567	\$ 290.54	\$ 139.60
@PHYSICIANS SERVICES	10,655	26,835	\$ 1,017,095.58	\$ 37.90	.578	\$ 95.46	\$ 21.91
OUTPATIENT VISITS	8,669	12,358	410,256.09	33.20	.266	47.32	8.84
OFFICE VISITS	6,417	8,513	254,965.04	29.95	.183	39.73	5.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,772	3,510	138,099.73	39.34	.076	49.82	2.97
PREVENTIVE CARE	11	13	585.26	45.02	.000	53.21	.01
OB VISITS/COMPRE PERI	90	160	12,023.19	75.14	.003	133.59	.26
OTHER OUTPATIENT	144	162	4,582.87	28.29	.003	31.83	.10
INPATIENT VISITS	415	1,250	72,933.80	58.35	.027	175.74	1.57
HOSPITAL VISITS	398	1,053	47,515.57	45.12	.023	119.39	1.02
CRITICAL CARE	37	191	25,205.43	131.97	.004	681.23	.54
SNF/ICF/TRANS IP CARE	4	6	212.80	35.47	.000	53.20	.00
OPHTHALMOLOGICAL SERVICES	98	100	4,705.94	47.06	.002	48.02	.10
EXAMINATIONS	97	98	4,653.64	47.49	.002	47.98	.10
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	382	1,833	209,920.48	114.52	.039	549.53	4.52
PRINCIPAL SURGEON	242	320	170,657.38	533.30	.007	705.20	3.68
ASSISTANT SURGEON	32	33	6,754.86	204.69	.001	211.09	.15
ANESTHESIOLOGIST	168	1,480	32,508.24	21.97	.032	193.50	.70
OUTPATIENT SURGERY	897	1,923	124,993.84	65.00	.041	139.35	2.69
PRINCIPAL SURGEON	792	998	102,777.00	102.98	.021	129.77	2.21
ASSISTANT SURGEON	4	4	426.52	106.63	.000	106.63	.01
ANESTHESIOLOGIST	169	921	21,790.32	23.66	.020	128.94	.47
DIALYSIS	7	24	1,498.27	62.43	.001	214.04	.03
PATHOLOGY	1,310	1,807	26,027.84	14.40	.039	19.87	.56
RADIOLOGY	2,082	3,182	90,031.15	28.29	.069	43.24	1.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

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FEE-FOR-SERVICE/DENTAL 01/17/03
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

HOSP OUTPATIENT TOTAL	5,785	26,720	716,317.90	26.81	.575	123.82	15.43
MEDICAL	716	898	28,562.08	31.81	.019	39.89	.62
SURGERY	664	739	20,856.53	28.22	.016	31.41	.45
PATHOLOGY	2,262	7,951	106,159.92	13.35	.171	46.93	2.29
RADIOLOGY	1,671	2,301	151,616.98	65.89	.050	90.73	3.27
ROOM USE	3,967	5,923	225,353.32	38.05	.128	56.81	4.85
CROSSOVERS/ALL OTH OUTPTNT	2,490	8,908	183,769.07	20.63	.192	73.80	3.96
@COUNTY HOSPITAL TOTAL	7	51	\$ 1,693.36	\$ 33.20	.001	\$ 241.91	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	51	1,693.36	33.20	.001	241.91	.04
MEDICAL	4	4	177.39	44.35	.000	44.35	.00
SURGERY	1	3	63.94	21.31	.000	63.94	.00
PATHOLOGY	2	10	205.62	20.56	.000	102.81	.00
RADIOLOGY	1	2	40.12	20.06	.000	40.12	.00
ROOM USE	6	15	794.15	52.94	.000	132.36	.02
CROSSOVERS/ALL OTH OUTPTNT	5	17	412.14	24.24	.000	82.43	.01
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MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

		----- MONTHLY AVERAGE -----						
46,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,013	28,228	\$ 2,635,340.01	\$ 93.36	.608	\$ 438.27	\$ 56.76	
COMM HOSP INPATIENT TOTAL	421	1,559	1,920,715.47	1232.02	.034	4562.27	41.37	
HSC HOSPITALS	84	417	512,456.71	1228.91	.009	6100.68	11.04	
NON-HSC HOSPITALS TOTAL	334	1,127	1,403,199.58	1245.08	.024	4201.20	30.22	
ACCOMMODATIONS	334	1,127	377,245.42	334.73	.024	1129.48	8.13	
ADMINISTRATIVE DAYS	0	0	200.07CR	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	334	1,127	377,445.49	334.91	.024	1130.08	8.13	
ANCILLARIES	334	0	1,025,954.16	.00	.000	3071.72	22.10	
INPATIENT CROSSOVERS	8	15	5,059.18	337.28	.000	632.40	.11	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,781	26,669	714,624.54	26.80	.574	123.62	15.39	
MEDICAL	713	894	28,384.69	31.75	.019	39.81	.61	
SURGERY	663	736	20,792.59	28.25	.016	31.36	.45	
PATHOLOGY	2,260	7,941	105,954.30	13.34	.171	46.88	2.28	
RADIOLOGY	1,670	2,299	151,576.86	65.93	.050	90.76	3.26	
ROOM USE	3,964	5,908	224,559.17	38.01	.127	56.65	4.84	
CROSSOVERS/ALL OTH OUTPTNT	2,486	8,891	183,356.93	20.62	.191	73.76	3.95	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	2	5	\$ 576.05	\$ 115.21	.000	\$ 288.03	\$.01	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	5		576.05	115.21	.000	288.03	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	527	\$	16,827.90	31.93	.011	1682.79	.36
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	527		16,827.90	31.93	.011	1682.79	.36
@REHABILITATION FACILITY	16	227	\$	3,716.72	16.37	.005	232.30	.08
HOSPITAL BASED	4	9		729.40	81.04	.000	182.35	.02
INDEPENDENT FACILITY	12	218		2,987.32	13.70	.005	248.94	.06
@LABORATORY FACILITY	927	2,000	\$	39,248.78	19.62	.043	42.34	.85
PATHOLOGY	927	2,000		39,248.78	19.62	.043	42.34	.85
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,297	4,587	\$	464,246.07	101.21	.099	202.11	10.00
CLINIC	555	1,724		47,622.05	27.62	.037	85.81	1.03
SURGICENTER	30	154		4,837.66	31.41	.003	161.26	.10
HEROIN DETOX CLINIC	1	4		58.40	14.60	.000	58.40	.00
RURAL HEALTH CLINIC	1,741	2,705		411,727.96	152.21	.058	236.49	8.87
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

					----- MONTHLY AVERAGE -----			
46,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,308	14,706	\$ 234,436.05	\$ 15.94	.317	\$ 101.58	\$ 5.05	
DURABLE MED. EQUIP.	75	132	19,418.45	147.11	.003	258.91	.42	
BLOOD BANK	1	10	153.00	15.30	.000	153.00	.00	
HEARING AID DISPENSERS	2	3	235.00	78.33	.000	117.50	.01	
MEDICAL TRANSPORTATION	174	2,730	73,816.81	27.04	.059	424.23	1.59	
AMBULANCES/AIR TRANS	170	2,558	46,393.67	18.14	.055	272.90	1.00	
OTHER TRANS	2	36	108.71	3.02	.001	54.36	.00	
OTHER SERVICES	19	136	27,314.43	200.84	.003	1437.60	.59	
ACUPUNCTURE	4	7	145.97	20.85	.000	36.49	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	150	150	11,514.00	76.76	.003	76.76	.25	
IHMC, MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	411	898	8,144.48	9.07	.019	19.82	.18	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	38	78	5,595.84	71.74	.002	147.26	.12	
PROSTHETICS	30	67	5,221.41	77.93	.001	174.05	.11	
ORTHOTICS	8	11	374.43	34.04	.000	46.80	.01	
PSYCHOLOGIST	1	6	455.76	75.96	.000	455.76	.01	
SPEECH AND AUDIOLOGY	27	77	13,543.40	175.89	.002	501.61	.29	
HOSPICE SERVICES	3	215	17,281.69	80.38	.005	5760.56	.37	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,428	9,615	79,999.36	8.32	.207	56.02	1.72	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	31	785	4,132.29	5.26	.017	133.30	.09	
@CALIF. CHILDREN SERVICES*	185	2,277	\$ 422,444.24	\$ 185.53	.049	\$ 2283.48	\$ 9.10	

@XOVER EXCLUDING STATE HOSP** 93 398 \$ 10,023.98 \$ 25.19 .009 \$ 107.78 \$.22
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

2,337 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,047	54,988	\$ 536,539.92	\$ 9.76	23.529	\$ 512.45	\$ 229.58
@PHYSICIANS SERVICES	463	1,305	\$ 63,575.59	\$ 48.72	.558	\$ 137.31	\$ 27.20
OUTPATIENT VISITS	331	465	16,982.67	36.52	.199	51.31	7.27
OFFICE VISITS	223	292	8,787.77	30.10	.125	39.41	3.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	113	143	6,391.32	44.69	.061	56.56	2.73
PREVENTIVE CARE	2	2	120.61	60.31	.001	60.31	.05
OB VISITS/COMPRE PERI	9	17	1,319.65	77.63	.007	146.63	.56
OTHER OUTPATIENT	10	11	363.32	33.03	.005	36.33	.16
INPATIENT VISITS	35	130	7,959.21	61.22	.056	227.41	3.41
HOSPITAL VISITS	32	116	5,883.51	50.72	.050	183.86	2.52
CRITICAL CARE	3	10	1,983.00	198.30	.004	661.00	.85
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.002	30.90	.04
OPHTHALMOLOGICAL SERVICES	6	6	268.31	44.72	.003	44.72	.11
EXAMINATIONS	6	6	268.31	44.72	.003	44.72	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	198	18,918.94	95.55	.085	727.65	8.10
PRINCIPAL SURGEON	17	24	13,484.93	561.87	.010	793.23	5.77
ASSISTANT SURGEON	3	3	893.10	297.70	.001	297.70	.38
ANESTHESIOLOGIST	15	171	4,540.91	26.56	.073	302.73	1.94
OUTPATIENT SURGERY	42	92	5,608.82	60.97	.039	133.54	2.40
PRINCIPAL SURGEON	38	58	4,765.08	82.16	.025	125.40	2.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	34	843.74	24.82	.015	84.37	.36
DIALYSIS	2	2	854.12	427.06	.001	427.06	.37
PATHOLOGY	52	92	2,447.14	26.60	.039	47.06	1.05
RADIOLOGY	92	137	4,666.25	34.06	.059	50.72	2.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	33	1,615.59	48.96	.014	95.03	.69
OTHER SERVICES/ALL X-OVERS	66	150	4,254.54	28.36	.064	64.46	1.82
@PHARMACY	438	1,810	\$ 60,499.55	\$ 33.43	.774	\$ 138.13	\$ 25.89
PRESCRIPTION DRUGS	431	989	56,922.16	57.56	.423	132.07	24.36
SNF/ICF	26	138	15,056.19	109.10	.059	579.08	6.44
OUTPATIENTS	407	851	41,865.97	49.20	.364	102.86	17.91
MEDICAL SUPPLIES	19	821	3,577.39	4.36	.351	188.28	1.53
@DENTIST	123	493	\$ 14,780.50	\$ 29.98	.211	\$ 120.17	\$ 6.32
VISITS - DIAGNOSTIC	95	327	5,804.50	17.75	.140	61.10	2.48
ORAL SURGERY	16	35	2,158.00	61.66	.015	134.88	.92
DRUGS	9	10	200.00	20.00	.004	22.22	.09
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.13
PERIODONTICS	2	3	55.00	18.33	.001	27.50	.02
ENDODONTICS	5	8	946.00	118.25	.003	189.20	.40
RESTORATIVE DENTISTRY	37	103	5,112.00	49.63	.044	138.16	2.19
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.05

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	2,337 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	22		50	\$ 1,330.17	\$ 26.60	.021 \$ 60.46 \$.57
DIAGNOSTIC AND ANC. PROCED	19		19	901.49	47.45	.008 47.45 .39
EYE APPLIANCES	11		31	428.68	13.83	.013 38.97 .18
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000 .00 .00
@CHIROPRACTOR	16		28	\$ 404.80	\$ 14.46	.012 \$ 25.30 \$.17
VISITS	15		23	384.56	16.72	.010 25.64 .16
OTHER SERVICES	1		5	20.24	4.05	.002 20.24 .01
@PODIATRIST	0		0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000 .00 .00
SURGERY/ANES.	0		0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0		0	.00	.00	.000 .00 .00
OTHER	0		0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	16		2,269	\$ 54,022.67	\$ 23.81	.971 \$ 3376.42 \$ 23.12
NURSE ANESTHESIST	0		0	.00	.00	.000 \$.00 \$.00
NURSE MIDWIFE	0		0	.00	.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	5		6	159.56	26.59	.003 \$ 31.91 \$.07
@TOTAL HOSPITAL	260		1,407	\$ 154,200.31	\$ 109.60	.602 \$ 593.08 \$ 65.98
HOSP INPATIENT TOTAL	32		98	119,281.74	1217.16	.042 3727.55 51.04
HSC HOSPITALS	12		45	55,145.05	1225.45	.019 4595.42 23.60
NON-HSC HOSPITAL TOTAL	20		53	64,136.69	1210.13	.023 3206.83 27.44
ACCOMMODATIONS	20		53	14,292.58	269.67	.023 714.63 6.12

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	53	14,292.58	269.67	.023	714.63	6.12
ANCILLARIES	20	0	49,844.11	.00	.000	2492.21	21.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	235	1,309	34,918.57	26.68	.560	148.59	14.94
MEDICAL	34	44	1,689.59	38.40	.019	49.69	.72
SURGERY	33	39	1,012.02	25.95	.017	30.67	.43
PATHOLOGY	102	378	5,273.78	13.95	.162	51.70	2.26
RADIOLOGY	63	104	5,621.76	54.06	.045	89.23	2.41
ROOM USE	183	294	11,158.02	37.95	.126	60.97	4.77
CROSSOVERS/ALL OTH OUTPTNT	122	450	10,163.40	22.59	.193	83.31	4.35
@COUNTY HOSPITAL TOTAL	1	1	\$ 33.42	\$ 33.42	.000	\$ 33.42	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	2,337 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	259	1,406	\$	154,166.89	\$ 109.65	.602	\$ 595.24	\$ 65.97
COMM HOSP INPATIENT TOTAL	32	98		119,281.74	1217.16	.042	3727.55	51.04
HSC HOSPITALS	12	45		55,145.05	1225.45	.019	4595.42	23.60
NON-HSC HOSPITALS TOTAL	20	53		64,136.69	1210.13	.023	3206.83	27.44
ACCOMMODATIONS	20	53		14,292.58	269.67	.023	714.63	6.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	53		14,292.58	269.67	.023	714.63	6.12
ANCILLARIES	20	0		49,844.11	.00	.000	2492.21	21.33
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	234	1,308		34,885.15	26.67	.560	149.08	14.93
MEDICAL	34	44		1,689.59	38.40	.019	49.69	.72
SURGERY	33	39		1,012.02	25.95	.017	30.67	.43
PATHOLOGY	102	378		5,273.78	13.95	.162	51.70	2.26
RADIOLOGY	63	104		5,621.76	54.06	.045	89.23	2.41
ROOM USE	182	293		11,124.60	37.97	.125	61.12	4.76
CROSSOVERS/ALL OTH OUTPTNT	122	450		10,163.40	22.59	.193	83.31	4.35
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	525	\$ 56,093.21	\$ 106.84	.225	\$ 3299.60	\$ 24.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	525	56,093.21	106.84	.225	3299.60	24.00
@INTERMEDIATE CARE FACIL.-DD	11	356	\$ 52,748.52	\$ 148.17	.152	\$ 4795.32	\$ 22.57
ICF DDH	11	356	52,748.52	148.17	.152	4795.32	22.57
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$ 3,674.12	\$ 1837.06	.001	\$ 3674.12	\$ 1.57
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2	3,674.12	1837.06	.001	3674.12	1.57
@REHABILITATION FACILITY	7	24	\$ 341.19	\$ 14.22	.010	\$ 48.74	\$.15
HOSPITAL BASED	2	2	64.00	32.00	.001	32.00	.03
INDEPENDENT FACILITY	5	22	277.19	12.60	.009	55.44	.12
@LABORATORY FACILITY	58	145	\$ 2,604.22	\$ 17.96	.062	\$ 44.90	\$ 1.11
PATHOLOGY	58	145	2,604.22	17.96	.062	44.90	1.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	73	196	\$ 14,391.28	\$ 73.42	.084	\$ 197.14	\$ 6.16
CLINIC	37	128	3,207.53	25.06	.055	86.69	1.37
SURGICENTER	1	2	31.82	15.91	.001	31.82	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	38	66	11,151.93	168.97	.028	293.47	4.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT						

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	2,337 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	154	46,372	\$ 57,714.23	\$ 1.24	19.843	\$ 374.77	\$ 24.70	
DURABLE MED. EQUIP.	12	55	18,726.30	340.48	.024	1560.53	8.01	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	14	318	2,979.39	9.37	.136	212.81	1.27	
AMBULANCES/AIR TRANS	14	318	2,979.39	9.37	.136	212.81	1.27	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	8	8	790.00	98.75	.003	98.75	.34	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	15	31	282.40	9.11	.013	18.83	.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	4	13	1,610.30	123.87	.006	402.58	.69	
PROSTHETICS	4	13	1,610.30	123.87	.006	402.58	.69	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	6	10	1,524.41	152.44	.004	254.07	.65	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	64	4,921		22,964.32		4.67	2.106	358.82	9.83
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	36	41,016		8,837.11		.22	17.551	245.48	3.78
@CALIF. CHILDREN SERVICES*	59	1,586	\$	95,623.02	\$	60.29	.679	\$ 1620.73	\$ 40.92
@XOVER EXCLUDING STATE HOSP**	3	6	\$	53.10	\$	8.85	.003	\$ 17.70	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 8,753
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

PAGE 8,754 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,755
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,757
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,759
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS						AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,760
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,761
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114	912	\$ 81,805.79	\$ 89.70	2.877	\$ 717.59	\$ 258.06
@PHYSICIANS SERVICES	54	220	\$ 11,339.69	\$ 51.54	.694	\$ 209.99	\$ 35.77
OUTPATIENT VISITS	33	55	2,682.76	48.78	.174	81.30	8.46
OFFICE VISITS	18	33	926.22	28.07	.104	51.46	2.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	13	751.41	57.80	.041	75.14	2.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	9	1,005.13	111.68	.028	125.64	3.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	23	1,028.22	44.71	.073	128.53	3.24
HOSPITAL VISITS	8	23	1,028.22	44.71	.073	128.53	3.24
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.15
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	58	5,681.52	97.96	.183	811.65	17.92
PRINCIPAL SURGEON	4	4	4,608.95	1152.24	.013	1152.24	14.54
ASSISTANT SURGEON	1	1	186.50	186.50	.003	186.50	.59
ANESTHESIOLOGIST	4	53	886.07	16.72	.167	221.52	2.80
OUTPATIENT SURGERY	9	25	734.29	29.37	.079	81.59	2.32
PRINCIPAL SURGEON	7	8	423.59	52.95	.025	60.51	1.34

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	2	17		310.70		.054	155.35	.98
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	18	34		392.89		.107	21.83	1.24
RADIOLOGY	10	17		332.97		.054	33.30	1.05
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	7		440.60		.022	88.12	1.39
@PHARMACY	28	52	\$	6,388.29	\$	.164	228.15	20.15
PRESCRIPTION DRUGS	28	52		6,388.29		.164	228.15	20.15
SNF/ICF	0	0		.00		.000	.00	.00
OUTPATIENTS	28	52		6,388.29		.164	228.15	20.15
MEDICAL SUPPLIES	0	0		.00		.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.000	.00	.00
ORAL SURGERY	0	0		.00		.000	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,762
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 187.16	\$ 37.43	.016	\$ 46.79	\$.59
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	75	592	\$ 62,953.56	\$ 106.34	1.868	\$ 839.38	\$ 198.59
HOSP INPATIENT TOTAL	15	57	54,681.91	959.33	.180	3645.46	172.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	15	57	54,681.91	959.33	.180	3645.46	172.50
ACCOMMODATIONS	15	57	15,227.59	267.15	.180	1015.17	48.04

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	57	15,227.59	267.15	.180	1015.17	48.04
ANCILLARIES	15	0	39,454.32	.00	.000	2630.29	124.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	535	8,271.65	15.46	1.688	127.26	26.09
MEDICAL	4	4	95.24	23.81	.013	23.81	.30
SURGERY	4	4	94.80	23.70	.013	23.70	.30
PATHOLOGY	34	139	1,781.31	12.82	.438	52.39	5.62
RADIOLOGY	16	33	2,600.82	78.81	.104	162.55	8.20
ROOM USE	29	67	1,826.30	27.26	.211	62.98	5.76
CROSSOVERS/ALL OTH OUTPTNT	25	288	1,873.18	6.50	.909	74.93	5.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,763
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

		----- MONTHLY AVERAGE -----						
317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	75	592	\$ 62,953.56	\$ 106.34	1.868	\$ 839.38	\$ 198.59	
COMM HOSP INPATIENT TOTAL	15	57	54,681.91	959.33	.180	3645.46	172.50	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	15	57	54,681.91	959.33	.180	3645.46	172.50	
ACCOMMODATIONS	15	57	15,227.59	267.15	.180	1015.17	48.04	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	15	57	15,227.59	267.15	.180	1015.17	48.04	
ANCILLARIES	15	0	39,454.32	.00	.000	2630.29	124.46	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	65	535	8,271.65	15.46	1.688	127.26	26.09	
MEDICAL	4	4	95.24	23.81	.013	23.81	.30	
SURGERY	4	4	94.80	23.70	.013	23.70	.30	
PATHOLOGY	34	139	1,781.31	12.82	.438	52.39	5.62	
RADIOLOGY	16	33	2,600.82	78.81	.104	162.55	8.20	
ROOM USE	29	67	1,826.30	27.26	.211	62.98	5.76	
CROSSOVERS/ALL OTH OUTPTNT	25	288	1,873.18	6.50	.909	74.93	5.91	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	16	\$	319.38	\$	19.96	.050	\$	35.49
PATHOLOGY	9	16		319.38		19.96	.050		35.49
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	100.88	\$	16.81	.019	\$	33.63
CLINIC	3	6		86.98		14.50	.019		28.99
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		13.90		.00	.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,764
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

			----- MONTHLY AVERAGE -----					
317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5	21	\$ 516.83	\$ 24.61	.066	\$ 103.37	\$ 1.63	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	18	201.83	11.21	.057	100.92	.64	
AMBULANCES/AIR TRANS	2	18	201.83	11.21	.057	100.92	.64	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	3	3	315.00	105.00	.009	105.00	.99	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 8,765

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1	2	\$ 14.97	\$ 7.49	.000	\$	14.97	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	1	2	\$ 14.97	\$ 7.49	.000	\$	14.97	\$.00
PRESCRIPTION DRUGS	1	2	14.97	7.49	.000		14.97	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1	2	14.97	7.49	.000		14.97	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,766
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,767
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.00	\$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00		.00	
HSC HOSPITALS	0	0		.00	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00		.00	
ACCOMMODATIONS	0	0		.00	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00		.00	
ANCILLARIES	0	0		.00	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00		.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00	
MEDICAL	0	0		.00	.00		.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 64 REFUGEES

PAGE 8,768
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,769
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	77	\$ 2,734.86	\$ 35.52	4.053	\$ 136.74	\$ 143.94
@PHYSICIANS SERVICES	14	41	\$ 1,616.15	\$ 39.42	2.158	\$ 115.44	\$ 85.06
OUTPATIENT VISITS	10	10	379.70	37.97	.526	37.97	19.98
OFFICE VISITS	10	10	379.70	37.97	.526	37.97	19.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	14	959.63	68.55	.737	191.93	50.51
PRINCIPAL SURGEON	4	7	760.40	108.63	.368	190.10	40.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	199.23	28.46	.368	99.62	10.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	9	165.79	18.42	.474	33.16	8.73
RADIOLOGY	3	4	96.33	24.08	.211	32.11	5.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	8.70	2.90	.158	2.90	.46
OTHER SERVICES/ALL X-OVERS	1	1	6.00	6.00	.053	6.00	.32
@PHARMACY	10	11	\$ 307.40	\$ 27.95	.579	\$ 30.74	\$ 16.18
PRESCRIPTION DRUGS	10	11	307.40	27.95	.579	30.74	16.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	11	307.40	27.95	.579	30.74	16.18

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,770
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	24	\$ 687.10	\$ 28.63	1.263	\$ 76.34	\$ 36.16
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	24	687.10	28.63	1.263	76.34	36.16
MEDICAL	1	1	8.31	8.31	.053	8.31	.44
SURGERY	1	1	50.81	50.81	.053	50.81	2.67
PATHOLOGY	7	13	204.16	15.70	.684	29.17	10.75
RADIOLOGY	3	3	174.76	58.25	.158	58.25	9.20
ROOM USE	1	3	217.66	72.55	.158	217.66	11.46

CROSSTOVERS/ALL OTH OUTPTNT	1	3	31.40	10.47	.158	31.40	1.65
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,771
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	24	\$ 687.10	\$ 28.63	1.263	\$ 76.34	\$ 36.16
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	24		687.10	28.63	1.263	76.34	36.16
MEDICAL	1	1		8.31	8.31	.053	8.31	.44
SURGERY	1	1		50.81	50.81	.053	50.81	2.67
PATHOLOGY	7	13		204.16	15.70	.684	29.17	10.75
RADIOLOGY	3	3		174.76	58.25	.158	58.25	9.20
ROOM USE	1	3		217.66	72.55	.158	217.66	11.46
CROSSOVERS/ALL OTH OUTPTNT	1	3		31.40	10.47	.158	31.40	1.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	124.21	\$ 124.21	.053	\$ 124.21	\$ 6.54
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		124.21	124.21	.053	124.21	6.54

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,772
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,773
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR OT	

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	7	\$ 172.47	\$ 24.64	1.167	\$ 43.12	\$ 28.75
@PHYSICIANS SERVICES	4	6	\$ 157.27	\$ 26.21	1.000	\$ 39.32	\$ 26.21
OUTPATIENT VISITS	3	3	79.60	26.53	.500	26.53	13.27
OFFICE VISITS	3	3	79.60	26.53	.500	26.53	13.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	26.95	26.95	.167	26.95	4.49
RADIOLOGY	1	2	50.72	25.36	.333	50.72	8.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 8,774
01/17/03

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$ 15.20	\$ 15.20	.167	\$ 15.20	\$ 2.53
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	1	1	15.20	15.20	.167	15.20	2.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	15.20	15.20	.167	15.20	2.53
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,775
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 15.20	\$ 15.20	.167	\$ 15.20	\$ 2.53
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	15.20	15.20	.167	15.20	2.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	15.20	15.20	.167	15.20	2.53
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY							

PAGE 8,776
01/17/03

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,777
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	84	\$ 2,907.33	\$ 34.61	3.360	\$ 121.14	\$ 116.29
@PHYSICIANS SERVICES	18	47	\$ 1,773.42	\$ 37.73	1.880	\$ 98.52	\$ 70.94
OUTPATIENT VISITS	13	13	459.30	35.33	.520	35.33	18.37
OFFICE VISITS	13	13	459.30	35.33	.520	35.33	18.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	14	959.63	68.55	.560	191.93	38.39
PRINCIPAL SURGEON	4	7	760.40	108.63	.280	190.10	30.42

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	7		199.23		28.46	.280	99.62	7.97
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	6	10		192.74		19.27	.400	32.12	7.71
RADIOLOGY	4	6		147.05		24.51	.240	36.76	5.88
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		8.70		2.90	.120	2.90	.35
OTHER SERVICES/ALL X-OVERS	1	1		6.00		6.00	.040	6.00	.24
@PHARMACY	10	11	\$	307.40	\$	27.95	.440	\$ 30.74	\$ 12.30
PRESCRIPTION DRUGS	10	11		307.40		27.95	.440	30.74	12.30
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	10	11		307.40		27.95	.440	30.74	12.30
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,778
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	10	25	\$ 702.30	\$ 28.09	1.000 \$ 70.23 \$ 28.09
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	25	702.30	28.09	1.000	70.23	28.09
MEDICAL	1	1	8.31	8.31	.040	8.31	.33
SURGERY	1	1	50.81	50.81	.040	50.81	2.03
PATHOLOGY	8	14	219.36	15.67	.560	27.42	8.77
RADIOLOGY	3	3	174.76	58.25	.120	58.25	6.99
ROOM USE	1	3	217.66	72.55	.120	217.66	8.71
CROSSOVERS/ALL OTH OUTPTNT	1	3	31.40	10.47	.120	31.40	1.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,779
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	10	25	\$ 702.30	\$ 28.09	1.000	\$ 70.23	\$ 28.09
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	25	702.30	28.09	1.000	70.23	28.09
MEDICAL	1	1	8.31	8.31	.040	8.31	.33
SURGERY	1	1	50.81	50.81	.040	50.81	2.03
PATHOLOGY	8	14	219.36	15.67	.560	27.42	8.77
RADIOLOGY	3	3	174.76	58.25	.120	58.25	6.99
ROOM USE	1	3	217.66	72.55	.120	217.66	8.71
CROSSOVERS/ALL OTH OUTPTNT	1	3	31.40	10.47	.120	31.40	1.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	124.21	\$	124.21	.040	\$	124.21
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		124.21		124.21	.040		124.21
#CALIF DEPT OF HEALTH SERV									
MOP024									
NEVADA COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

PAGE 8,780
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	25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

165 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	45	131	\$ 6,166.23	\$ 47.07	.794	\$ 137.03	\$ 37.37
@PHYSICIANS SERVICES	20	54	\$ 1,262.40	\$ 23.38	.327	\$ 63.12	\$ 7.65
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	54		1,262.40	23.38	.327	63.12	7.65
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	8	\$	.00	\$	.048	\$	.00
VISITS - DIAGNOSTIC	2	4		.00	.00	.024	.00	.00
ORAL SURGERY	1	1		.00	.00	.006	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		.00	.00	.006	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		.00	.00	.012	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 68 QMB - ONLY

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165 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 23.69	\$ 5.92	.024	\$ 5.92	\$.14
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	23.69	5.92	.024	5.92	.14
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	21	\$	1,085.81	\$	51.71	.127	\$	180.97	\$	6.58
HOSP INPATIENT TOTAL	1	15		812.00		54.13	.091		812.00		4.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	15		812.00		54.13	.091		812.00		4.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	6		273.81		45.64	.036		54.76		1.66
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	6		273.81		45.64	.036		54.76		1.66
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,783
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										AID CODE

165 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	21	\$ 1,085.81	\$ 51.71	.127	\$ 180.97	\$ 6.58
COMM HOSP INPATIENT TOTAL	1	15	812.00	54.13	.091	812.00	4.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	812.00	54.13	.091	812.00	4.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	6	273.81	45.64	.036	54.76	1.66
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	6	273.81	45.64	.036	54.76	1.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	0	\$ 2,541.31	\$.00	.000	\$ 508.26	\$ 15.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	0	2,541.31	.00	.000	508.26	15.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

165 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	44	\$ 1,253.02	\$ 28.48	.267	\$ 69.61	\$ 7.59
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	44	1,253.02	28.48	.267	69.61	7.59
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	43	108	\$ 6,166.23	\$ 57.09	.655	\$ 143.40	\$ 37.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

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	1,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	529	2,153	\$	69,928.72	\$ 32.48	1.270	\$ 132.19	\$ 41.26
@PHYSICIANS SERVICES	275	633	\$	18,438.97	\$ 29.13	.373	\$ 67.05	\$ 10.88
OUTPATIENT VISITS	251	317		9,797.29	30.91	.187	39.03	5.78
OFFICE VISITS	181	221		6,135.67	27.76	.130	33.90	3.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	87	94		3,555.76	37.83	.055	40.87	2.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		105.86	52.93	.001	52.93	.06
INPATIENT VISITS	6	30		2,149.96	71.67	.018	358.33	1.27
HOSPITAL VISITS	6	27		1,431.52	53.02	.016	238.59	.84
CRITICAL CARE	1	3		718.44	239.48	.002	718.44	.42
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		111.45	37.15	.002	37.15	.07
EXAMINATIONS	3	3		111.45	37.15	.002	37.15	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	17		1,673.89	98.46	.010	1673.89	.99
PRINCIPAL SURGEON	1	2		1,115.10	557.55	.001	1115.10	.66
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15		558.79	37.25	.009	558.79	.33
OUTPATIENT SURGERY	17	42		2,703.07	64.36	.025	159.00	1.59
PRINCIPAL SURGEON	14	20		2,166.89	108.34	.012	154.78	1.28
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	22		536.18	24.37	.013	134.05	.32
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	24	24		138.47	5.77	.014	5.77	.08
RADIOLOGY	33	48		838.00	17.46	.028	25.39	.49
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		53.85	13.46	.002	13.46	.03
OTHER SERVICES/ALL X-OVERS	22	148		972.99	6.57	.087	44.23	.57
@PHARMACY	195	314	\$	7,973.73	\$ 25.39	.185	\$ 40.89	\$ 4.70
PRESCRIPTION DRUGS	191	291		7,408.88	25.46	.172	38.79	4.37
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	191	291		7,408.88	25.46	.172	38.79	4.37

MEDICAL SUPPLIES	9	23		564.85		24.56	.014	62.76	.33
@DENTIST	42	212	\$	6,826.00	\$	32.20	.125	\$ 162.52	\$ 4.03
VISITS - DIAGNOSTIC	34	124		1,912.00		15.42	.073	56.24	1.13
ORAL SURGERY	7	13		550.00		42.31	.008	78.57	.32
DRUGS	11	12		275.00		22.92	.007	25.00	.16
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	7	19		1,349.00		71.00	.011	192.71	.80
RESTORATIVE DENTISTRY	11	42		2,420.00		57.62	.025	220.00	1.43
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	2	2		320.00		160.00	.001	160.00	.19
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 69 133% PROGRAM

AID CODES 72 74 8N

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	1,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2		5	\$	137.75	\$ 27.55	.003	\$ 68.88	\$.08
DIAGNOSTIC AND ANC. PROCED	2		2		94.90	47.45	.001	47.45	.06
EYE APPLIANCES	1		3		42.85	14.28	.002	42.85	.03
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0	\$	.00	.00	.000	.00	.00
VISITS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
@PODIATRIST	0		0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00	.00
SURGERY/ANES.	0		0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	7	\$	524.02	\$ 74.86	.004	\$ 262.01	\$.31
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	78.54	\$ 26.18	.002	\$ 39.27	\$.05
@TOTAL HOSPITAL	144	387	\$	27,326.62	\$ 70.61	.228	\$ 189.77	\$ 16.12
HOSP INPATIENT TOTAL	5	17		17,741.98	1043.65	.010	3548.40	10.47
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	17		17,741.98	1043.65	.010	3548.40	10.47
ACCOMMODATIONS	5	17		4,138.92	243.47	.010	827.78	2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	17		4,138.92	243.47	.010	827.78	2.44
ANCILLARIES	5	0		13,603.06	.00	.000	2720.61	8.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	139	370		9,584.64	25.90	.218	68.95	5.65
MEDICAL	34	41		1,129.04	27.54	.024	33.21	.67
SURGERY	10	10		315.11	31.51	.006	31.51	.19
PATHOLOGY	35	82		1,019.31	12.43	.048	29.12	.60
RADIOLOGY	30	34		1,257.84	37.00	.020	41.93	.74
ROOM USE	110	129		4,556.91	35.32	.076	41.43	2.69
CROSSOVERS/ALL OTH OUTPTNT	57	74		1,306.43	17.65	.044	22.92	.77
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,787
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	1,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	144	387	\$	27,326.62	\$ 70.61	.228	\$ 189.77	\$ 16.12
COMM HOSP INPATIENT TOTAL	5	17		17,741.98	1043.65	.010	3548.40	10.47
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	17		17,741.98	1043.65	.010	3548.40	10.47
ACCOMMODATIONS	5	17		4,138.92	243.47	.010	827.78	2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	17		4,138.92	243.47	.010	827.78	2.44
ANCILLARIES	5	0		13,603.06	.00	.000	2720.61	8.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	139	370		9,584.64	25.90	.218	68.95	5.65
MEDICAL	34	41		1,129.04	27.54	.024	33.21	.67
SURGERY	10	10		315.11	31.51	.006	31.51	.19
PATHOLOGY	35	82		1,019.31	12.43	.048	29.12	.60
RADIOLOGY	30	34		1,257.84	37.00	.020	41.93	.74
ROOM USE	110	129		4,556.91	35.32	.076	41.43	2.69
CROSSOVERS/ALL OTH OUTPTNT	57	74		1,306.43	17.65	.044	22.92	.77
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	38	59	\$	6,107.00	\$ 103.51	.035	\$ 160.71	\$ 3.60
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	16		548.68	34.29	.009	274.34	.32
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	36	43		5,558.32	129.26	.025	154.40	3.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,788
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	1,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	533	\$	2,516.09	\$ 4.72	.314	\$ 100.64	\$ 1.48
DURABLE MED. EQUIP.	2	4		239.42	59.86	.002	119.71	.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	61		331.20	5.43	.036	331.20	.20
AMBULANCES/AIR TRANS	1	61		331.20	5.43	.036	331.20	.20
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.002	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	35.79	35.79	.001	35.79	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	463	1,876.40	4.05	.273	98.76	1.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	41	\$ 3,198.96	\$ 78.02	.024	\$ 639.79	\$ 1.89
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,789
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R

1,591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	552	3,327	\$ 317,570.72	\$ 95.45	2.091	\$ 575.31	\$ 199.60
@PHYSICIANS SERVICES	189	982	\$ 40,823.86	\$ 41.57	.617	\$ 216.00	\$ 25.66
OUTPATIENT VISITS	142	194	6,454.01	33.27	.122	45.45	4.06
OFFICE VISITS	101	132	3,913.72	29.65	.083	38.75	2.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	40	1,544.00	38.60	.025	39.59	.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.08
OTHER OUTPATIENT	10	21	869.98	41.43	.013	87.00	.55
INPATIENT VISITS	10	205	17,801.70	86.84	.129	1780.17	11.19
HOSPITAL VISITS	10	139	8,711.47	62.67	.087	871.15	5.48
CRITICAL CARE	4	66	9,090.23	137.73	.041	2272.56	5.71
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	66	6,617.61	100.27	.041	661.76	4.16
PRINCIPAL SURGEON	7	22	5,453.32	247.88	.014	779.05	3.43
ASSISTANT SURGEON	1	1	65.53	65.53	.001	65.53	.04
ANESTHESIOLOGIST	5	43	1,098.76	25.55	.027	219.75	.69
OUTPATIENT SURGERY	12	28	1,175.67	41.99	.018	97.97	.74
PRINCIPAL SURGEON	10	13	907.65	69.82	.008	90.77	.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	268.02	17.87	.009	89.34	.17
DIALYSIS	2	14	1,540.84	110.06	.009	770.42	.97
PATHOLOGY	28	35	694.96	19.86	.022	24.82	.44
RADIOLOGY	49	146	3,286.85	22.51	.092	67.08	2.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	7		235.15		33.59	.004	58.79	.15
OTHER SERVICES/ALL X-OVERS	23	286		2,970.63		10.39	.180	129.16	1.87
@PHARMACY	200	447	\$	20,814.44	\$	46.56	.281	\$ 104.07	\$ 13.08
PRESCRIPTION DRUGS	197	346		19,577.66		56.58	.217	99.38	12.31
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	197	346		19,577.66		56.58	.217	99.38	12.31
MEDICAL SUPPLIES	9	101		1,236.78		12.25	.063	137.42	.78
@DENTIST	94	392	\$	12,199.00	\$	31.12	.246	\$ 129.78	\$ 7.67
VISITS - DIAGNOSTIC	75	243		4,748.00		19.54	.153	63.31	2.98
ORAL SURGERY	13	25		1,707.00		68.28	.016	131.31	1.07
DRUGS	4	5		120.00		24.00	.003	30.00	.08
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.06
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	3	4		213.00		53.25	.003	71.00	.13
RESTORATIVE DENTISTRY	36	112		5,276.00		47.11	.070	146.56	3.32
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.001	35.00	.02
ALL OTHER SERVICES	1	1		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM								
					AID CODES 7A 7C 8R				
----- MONTHLY AVERAGE -----									
1,591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE

@OPTOMETRIST	16	45	\$	1,089.25	\$ 24.21	.028	\$ 68.08	\$	.68
DIAGNOSTIC AND ANC. PROCED	14	14		639.44	45.67	.009	45.67		.40
EYE APPLIANCES	11	31		449.81	14.51	.019	40.89		.28
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	2	3	\$	50.16	\$ 16.72	.002	\$ 25.08	\$	.03
VISITS	2	3		50.16	16.72	.002	25.08		.03
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	2	19	\$	1,016.70	\$ 53.51	.012	\$ 508.35	\$	.64
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	121	1,173	\$	229,239.73	\$ 195.43	.737	\$ 1894.54	\$	144.09
HOSP INPATIENT TOTAL	9	122		209,264.62	1715.28	.077	23251.62		131.53
HSC HOSPITALS	3	109		192,517.00	1766.21	.069	64172.33		121.00
NON-HSC HOSPITAL TOTAL	6	13		16,747.62	1288.28	.008	2791.27		10.53
ACCOMMODATIONS	6	13		5,239.74	403.06	.008	873.29		3.29
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	13		5,239.74	403.06	.008	873.29		3.29
ANCILLARIES	6	0		11,507.88	.00	.000	1917.98		7.23
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	117	1,051	19,975.11	19.01	.661	170.73	12.56
MEDICAL	18	25	817.11	32.68	.016	45.40	.51
SURGERY	18	18	533.98	29.67	.011	29.67	.34
PATHOLOGY	48	649	4,137.05	6.37	.408	86.19	2.60
RADIOLOGY	43	67	4,213.64	62.89	.042	97.99	2.65
ROOM USE	86	135	4,695.62	34.78	.085	54.60	2.95
CROSSOVERS/ALL OTH OUTPTNT	45	157	5,577.71	35.53	.099	123.95	3.51
@COUNTY HOSPITAL TOTAL	0	0	\$ 31.85	\$.00	.000	\$.00	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	31.85	.00	.000	.00	.02
MEDICAL	0	0	8.17	.00	.000	.00	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	23.68	.00	.000	.00	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,791
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
1,591 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	121	1,173	\$ 229,207.88	\$ 195.40	.737	\$ 1894.28	\$ 144.07

----- MONTHLY AVERAGE -----

1,591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	75	161	\$ 2,370.38	\$ 14.72	.101	\$ 31.61	\$ 1.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	19	526.05	27.69	.012	131.51	.33

AMBULANCES/AIR TRANS	4	19	526.05	27.69	.012	131.51	.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.003	105.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	19	156.46	8.23	.012	17.38	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	28.88	28.88	.001	28.88	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	28.88	28.88	.001	28.88	.02
PSYCHOLOGIST	2	6	190.00	31.67	.004	95.00	.12
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	112	1,048.99	9.37	.070	19.07	.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	18	1,053	\$ 230,458.73	\$ 218.86	.662	\$ 12803.26	\$ 144.85
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,793
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	69	287	\$ 11,298.94	\$ 39.37	.000	\$ 163.75	\$.00
@PHYSICIANS SERVICES	7	23	\$ 876.81	\$ 38.12	.000	\$ 125.26	\$.00
OUTPATIENT VISITS	4	18	540.54	30.03	.000	135.14	.00
OFFICE VISITS	1	1	12.00	12.00	.000	12.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	17	528.54	31.09	.000	176.18	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	233.18	116.59	.000	116.59	.00
PRINCIPAL SURGEON	2	2	233.18	116.59	.000	116.59	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		8.77	4.39	.000	4.39	.00
RADIOLOGY	1	1		94.32	94.32	.000	94.32	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,794
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	33	224	\$ 8,275.60	\$ 36.94	.000	\$ 250.78	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	224	8,275.60	36.94	.000	250.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	7	230.71	32.96	.000	46.14	.00
PATHOLOGY	17	25	913.49	36.54	.000	53.73	.00
RADIOLOGY	4	4	309.19	77.30	.000	77.30	.00
ROOM USE	24	45	1,367.56	30.39	.000	56.98	.00
CROSSOVERS/ALL OTH OUTPTNT	22	143	5,454.65	38.14	.000	247.94	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,795
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	33	224	\$ 8,275.60	\$ 36.94	.000	\$ 250.78	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	224	8,275.60	36.94	.000	250.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	7	230.71	32.96	.000	46.14	.00
PATHOLOGY	17	25	913.49	36.54	.000	53.73	.00
RADIOLOGY	4	4	309.19	77.30	.000	77.30	.00
ROOM USE	24	45	1,367.56	30.39	.000	56.98	.00
CROSSOVERS/ALL OTH OUTPTNT	22	143	5,454.65	38.14	.000	247.94	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	15	17	\$	447.37	\$	26.32	.000	\$	29.82 \$
PATHOLOGY	15	17		447.37		26.32	.000		29.82
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	6	11	\$	439.16	\$	39.92	.000	\$	73.19 \$
CLINIC	6	11		414.05		37.64	.000		69.01
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		25.11		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,796
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	12	\$	1,260.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12		1,260.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,797
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	37	\$ 1,820.02	\$ 49.19	.822	\$ 303.34	\$ 40.44
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	6	37	\$	1,820.02	\$ 49.19	.822	\$ 303.34	\$ 40.44
PRESCRIPTION DRUGS	6	37		1,820.02	49.19	.822	303.34	40.44
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	6	37		1,820.02	49.19	.822	303.34	40.44
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,798
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE							

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,799
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE

						----- MONTHLY AVERAGE -----		
45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,800
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

PAGE 8,801
01/17/03

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	133	1,465	\$ 70,605.62	\$ 48.19	10.245	\$ 530.87	\$ 493.75
@PHYSICIANS SERVICES	68	246	\$ 12,603.31	\$ 51.23	1.720	\$ 185.34	\$ 88.14
OUTPATIENT VISITS	27	31	1,533.09	49.45	.217	56.78	10.72
OFFICE VISITS	20	23	745.35	32.41	.161	37.27	5.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	39.56	19.78	.014	19.78	.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	6	748.18	124.70	.042	124.70	5.23
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	25	949.40	37.98	.175	94.94	6.64

HOSPITAL VISITS	10	25		949.40		37.98	.175	94.94	6.64
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	103		7,013.23		68.09	.720	467.55	49.04
PRINCIPAL SURGEON	10	10		5,511.27		551.13	.070	551.13	38.54
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	6	93		1,501.96		16.15	.650	250.33	10.50
OUTPATIENT SURGERY	11	20		1,690.05		84.50	.140	153.64	11.82
PRINCIPAL SURGEON	10	14		1,466.65		104.76	.098	146.67	10.26
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	6	6		223.40		37.23	.042	37.23	1.56
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	18	29		230.98		7.96	.203	12.83	1.62
RADIOLOGY	15	15		871.88		58.13	.105	58.13	6.10
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	18		219.70		12.21	.126	27.46	1.54
OTHER SERVICES/ALL X-OVERS	5	5		94.98		19.00	.035	19.00	.66
@PHARMACY	24	47	\$	1,036.72	\$	22.06	.329	43.20	7.25
PRESCRIPTION DRUGS	24	47		1,036.72		22.06	.329	43.20	7.25
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	24	47		1,036.72		22.06	.329	43.20	7.25
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,802
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	5	\$	211.13	\$ 42.23	.035	\$ 70.38	\$ 1.48
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	65	1,045	\$	53,154.52	\$ 50.87	7.308	\$ 817.76	\$ 371.71
HOSP INPATIENT TOTAL	12	41		37,484.93	914.27	.287	3123.74	262.13
HSC HOSPITALS	1	2		2,120.02	1060.01	.014	2120.02	14.83
NON-HSC HOSPITAL TOTAL	11	39		35,364.91	906.79	.273	3214.99	247.31
ACCOMMODATIONS	11	39		11,909.09	305.36	.273	1082.64	83.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	39		11,909.09	305.36	.273	1082.64	83.28
ANCILLARIES	11	0		23,455.82	.00	.000	2132.35	164.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	1,004		15,669.59	15.61	7.021	256.88	109.58
MEDICAL	1	1		29.73	29.73	.007	29.73	.21
SURGERY	7	9		287.33	31.93	.063	41.05	2.01
PATHOLOGY	35	126		1,449.32	11.50	.881	41.41	10.14
RADIOLOGY	7	8		609.07	76.13	.056	87.01	4.26
ROOM USE	46	147		3,997.29	27.19	1.028	86.90	27.95
CROSSOVERS/ALL OTH OUTPTNT	48	713		9,296.85	13.04	4.986	193.68	65.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,803
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	1,045	\$ 53,154.52	\$ 50.87	7.308	\$ 817.76	\$ 371.71
COMM HOSP INPATIENT TOTAL	12	41	37,484.93	914.27	.287	3123.74	262.13
HSC HOSPITALS	1	2	2,120.02	1060.01	.014	2120.02	14.83
NON-HSC HOSPITALS TOTAL	11	39	35,364.91	906.79	.273	3214.99	247.31
ACCOMMODATIONS	11	39	11,909.09	305.36	.273	1082.64	83.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	11	39	11,909.09	305.36	.273	1082.64	83.28
ANCILLARIES	11	0	23,455.82	.00	.000	2132.35	164.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61	1,004	15,669.59	15.61	7.021	256.88	109.58
MEDICAL	1	1	29.73	29.73	.007	29.73	.21
SURGERY	7	9	287.33	31.93	.063	41.05	2.01
PATHOLOGY	35	126	1,449.32	11.50	.881	41.41	10.14
RADIOLOGY	7	8	609.07	76.13	.056	87.01	4.26
ROOM USE	46	147	3,997.29	27.19	1.028	86.90	27.95
CROSSOVERS/ALL OTH OUTPTNT	48	713	9,296.85	13.04	4.986	193.68	65.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	32	\$ 473.06	\$ 14.78	.224	\$ 24.90	\$ 3.31
PATHOLOGY	19	32	473.06	14.78	.224	24.90	3.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	77	\$ 2,501.20	\$ 32.48	.538	\$ 208.43	\$ 17.49
CLINIC	7	46	1,725.19	37.50	.322	246.46	12.06
SURGICENTER	5	31	776.01	25.03	.217	155.20	5.43
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	13	\$ 625.68	\$ 48.13	.091	\$ 104.28	\$ 4.38
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	8	164.68	20.59	.056	164.68	1.15
AMBULANCES/AIR TRANS	1	8	164.68	20.59	.056	164.68	1.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	461.00	92.20	.035	92.20	3.22

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,805
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,806
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 NEVADA COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,807
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 8,808 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,809
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29	82	\$ 3,307.95	\$ 40.34	.788	\$ 114.07	\$ 31.81
@PHYSICIANS SERVICES	4	4	\$ 119.58	\$ 29.90	.038	\$ 29.90	\$ 1.15
OUTPATIENT VISITS	3	3	86.70	28.90	.029	28.90	.83
OFFICE VISITS	2	2	42.10	21.05	.019	21.05	.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.010	44.60	.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		32.88	32.88	.010	32.88	.32
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	15	32	\$	1,374.50	\$ 42.95	.308	\$ 91.63	\$ 13.22
PRESCRIPTION DRUGS	15	32		1,374.50	42.95	.308	91.63	13.22
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	15	32		1,374.50	42.95	.308	91.63	13.22
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	7	27	\$	1,168.00	\$ 43.26	.260	\$ 166.86	\$ 11.23
VISITS - DIAGNOSTIC	3	15		188.00	12.53	.144	62.67	1.81
ORAL SURGERY	1	2		83.00	41.50	.019	83.00	.80
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.010	260.00	2.50
RESTORATIVE DENTISTRY	3	7		572.00	81.71	.067	190.67	5.50
PROSTHETICS	1	1		30.00	30.00	.010	30.00	.29
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.010	35.00	.34
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,810
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4	8	\$ 188.36	\$ 23.55	.077	\$ 47.09	\$ 1.81
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	8	188.36	23.55	.077	47.09	1.81
MEDICAL	2	2	24.50	12.25	.019	12.25	.24
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	126.26	42.09	.029	42.09	1.21
CROSSOVERS/ALL OTH OUTPTNT	2	3	37.60	12.53	.029	18.80	.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,811

MOP024
NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	8	\$ 188.36	\$ 23.55	.077	\$ 47.09	\$ 1.81
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	8	188.36	23.55	.077	47.09	1.81
MEDICAL	2	2	24.50	12.25	.019	12.25	.24
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	126.26	42.09	.029	42.09	1.21
CROSSOVERS/ALL OTH OUTPTNT	2	3	37.60	12.53	.029	18.80	.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	8	\$ 216.28	\$ 27.04	.077	\$ 216.28	\$ 2.08
PATHOLOGY	1	8	216.28	27.04	.077	216.28	2.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$ 142.10	\$ 71.05	.019	\$ 142.10	\$ 1.37
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2	142.10	71.05	.019	142.10	1.37

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

PAGE 8,812
01/17/03

104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	\$	99.13	\$ 99.13	.010	\$ 99.13 \$.95
DURABLE MED. EQUIP.	1		99.13	99.13	.010	99.13 .95
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	0		.00	.00	.000	.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,813
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

87,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	50,918	783,363	\$ 33,180,125.27	\$ 42.36	8.965	\$ 651.64	\$ 379.72
@PHYSICIANS SERVICES	18,891	55,652	\$ 2,019,130.19	\$ 36.28	.637	\$ 106.88	\$ 23.11
OUTPATIENT VISITS	13,074	19,326	659,634.03	34.13	.221	50.45	7.55
OFFICE VISITS	9,671	13,238	396,407.35	29.94	.151	40.99	4.54
HOME VISITS	5	6	337.49	56.25	.000	67.50	.00
EMERGENCY ROOM	4,089	5,318	224,730.14	42.26	.061	54.96	2.57
PREVENTIVE CARE	13	15	705.87	47.06	.000	54.30	.01
OB VISITS/COMPRI PERI	189	333	25,010.83	75.11	.004	132.33	.29
OTHER OUTPATIENT	370	416	12,442.35	29.91	.005	33.63	.14
INPATIENT VISITS	944	3,451	181,915.28	52.71	.039	192.71	2.08
HOSPITAL VISITS	828	2,946	127,586.30	43.31	.034	154.09	1.46
CRITICAL CARE	74	380	50,667.77	133.34	.004	684.70	.58
SNF/ICF/TRANS IP CARE	96	125	3,661.21	29.29	.001	38.14	.04
OPHTHALMOLOGICAL SERVICES	213	225	10,150.45	45.11	.003	47.65	.12
EXAMINATIONS	212	223	10,098.15	45.28	.003	47.63	.12
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00

INPATIENT HOSPITAL SURGERY	685	3,557		425,153.21		119.53	.041	620.66	4.87
PRINCIPAL SURGEON	463	625		343,321.97		549.32	.007	741.52	3.93
ASSISTANT SURGEON	66	69		15,796.13		228.93	.001	239.34	.18
ANESTHESIOLOGIST	288	2,863		66,035.11		23.07	.033	229.29	.76
OUTPATIENT SURGERY	1,452	3,195		219,961.90		68.85	.037	151.49	2.52
PRINCIPAL SURGEON	1,271	1,622		181,076.51		111.64	.019	142.47	2.07
ASSISTANT SURGEON	8	8		1,025.18		128.15	.000	128.15	.01
ANESTHESIOLOGIST	293	1,565		37,860.21		24.19	.018	129.22	.43
DIALYSIS	40	178		12,246.08		68.80	.002	306.15	.14
PATHOLOGY	1,990	3,075		51,165.45		16.64	.035	25.71	.59
RADIOLOGY	3,549	5,806		174,637.38		30.08	.066	49.21	2.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	515	1,051		18,611.21		17.71	.012	36.14	.21
OTHER SERVICES/ALL X-OVERS	4,523	15,788		265,655.20		16.83	.181	58.73	3.04
@PHARMACY	32,308	224,411	\$	10,541,318.99	\$	46.97	2.568	\$ 326.28	\$ 120.64
PRESCRIPTION DRUGS	32,051	118,980		10,205,545.54		85.78	1.362	318.42	116.79
SNF/ICF	2,912	18,871		954,431.68		50.58	.216	327.76	10.92
OUTPATIENTS	29,321	100,109		9,251,113.86		92.41	1.146	315.51	105.87
MEDICAL SUPPLIES	1,420	105,431		335,773.45		3.18	1.207	236.46	3.84
@DENTIST	4,343	16,419	\$	652,633.75	\$	39.75	.188	\$ 150.27	\$ 7.47
VISITS - DIAGNOSTIC	3,043	9,828		167,486.54		17.04	.112	55.04	1.92
ORAL SURGERY	544	1,707		81,451.87		47.72	.020	149.73	.93
DRUGS	233	262		5,118.75		19.54	.003	21.97	.06
ANESTHESIA	54	57		5,550.00		97.37	.001	102.78	.06
PERIODONTICS	55	76		11,285.00		148.49	.001	205.18	.13
ENDODONTICS	239	357		61,222.00		171.49	.004	256.16	.70
RESTORATIVE DENTISTRY	1,430	3,493		233,143.85		66.75	.040	163.04	2.67
PROSTHETICS	31	31		829.00		26.74	.000	26.74	.01
DENTURES, STAYPLATES	224	469		75,161.55		160.26	.005	335.54	.86
SPACE MAINTAINERS	35	36		4,951.00		137.53	.000	141.46	.06
MAXILLOFACIAL SERVICES	5	5		464.19		92.84	.000	92.84	.01
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00	.01
ORTHODONTIC SERVICES	54	67		4,650.00		69.40	.001	86.11	.05
ALL OTHER SERVICES	26	30		520.00		17.33	.000	20.00	.01

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

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	87,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,048	2,911	\$	63,332.00	\$ 21.76	.033	\$ 60.43	\$.72
DIAGNOSTIC AND ANC. PROCED	545	550		25,492.42	46.35	.006	46.78	.29
EYE APPLIANCES	775	2,196		34,345.77	15.64	.025	44.32	.39
OTHER OPTOMETRIC SERVICES	132	165		3,493.81	21.17	.002	26.47	.04
@CHIROPRACTOR	317	502	\$	8,177.85	\$ 16.29	.006	\$ 25.80	\$.09
VISITS	297	464		7,753.90	16.71	.005	26.11	.09
OTHER SERVICES	20	38		423.95	11.16	.000	21.20	.00
@PODIATRIST	639	766	\$	10,133.47	\$ 13.23	.009	\$ 15.86	\$.12
MEDICINE/INJECTIONS	87	94		2,681.45	28.53	.001	30.82	.03
SURGERY/ANES.	2	2		103.14	51.57	.000	51.57	.00
RADIO./PATHOLOGY	3	3		47.60	15.87	.000	15.87	.00
OTHER	561	667		7,301.28	10.95	.008	13.01	.08
@HOME HEALTH AGENCY	201	6,005	\$	194,990.45	\$ 32.47	.069	\$ 970.10	\$ 2.23
NURSE ANESTHESIST	14	185	\$	470.99	\$ 2.55	.002	\$ 33.64	\$.01
NURSE MIDWIFE	22	75	\$	7,179.44	\$ 95.73	.001	\$ 326.34	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	359	452	\$	11,215.79	\$	24.81	.005	\$	31.24	\$	.13
@TOTAL HOSPITAL	12,005	63,377	\$	6,507,746.05	\$	102.68	.725	\$	542.09	\$	74.48
HOSP INPATIENT TOTAL	1,147	5,428		5,015,229.98		923.96	.062		4372.48		57.39
HSC HOSPITALS	160	1,207		1,527,198.09		1265.28	.014		9544.99		17.48
NON-HSC HOSPITAL TOTAL	684	2,615		3,260,723.05		1246.93	.030		4767.14		37.32
ACCOMMODATIONS	683	2,615		933,019.53		356.80	.030		1366.06		10.68
ADMINISTRATIVE DAYS	10	169		51,702.63		305.93	.002		5170.26		.59
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	677	2,446		881,316.90		360.31	.028		1301.80		10.09
ANCILLARIES	684	0		2,327,703.52		.00	.000		3403.08		26.64
INPATIENT CROSSOVERS	319	1,606		227,308.84		141.54	.018		712.57		2.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11,295	57,949		1,492,516.07		25.76	.663		132.14		17.08
MEDICAL	1,356	1,822		64,802.17		35.57	.021		47.79		.74
SURGERY	1,051	1,182		36,116.02		30.56	.014		34.36		.41
PATHOLOGY	4,234	16,171		207,502.27		12.83	.185		49.01		2.37
RADIOLOGY	2,797	4,049		296,796.45		73.30	.046		106.11		3.40
ROOM USE	6,264	9,638		368,128.11		38.20	.110		58.77		4.21
CROSSOVERS/ALL OTH OUTPTNT	5,685	25,087		519,171.05		20.69	.287		91.32		5.94
@COUNTY HOSPITAL TOTAL	19	200	\$	109,736.93	\$	548.68	.002	\$	5775.63	\$	1.26
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78		1085.56	.001		106384.78		1.22
HSC HOSPITALS	1	53		71,656.00		1352.00	.001		71656.00		.82
NON-HSC HOSPITALS TOTAL	1	45		34,728.78		771.75	.001		34728.78		.40
ACCOMMODATIONS	1	45		10,408.50		231.30	.001		10408.50		.12
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.001		10408.50		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		24,320.28		.00	.000		24320.28		.28
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	18	102		3,352.15		32.86	.001		186.23		.04
MEDICAL	7	8		515.06		64.38	.000		73.58		.01
SURGERY	2	4		75.19		18.80	.000		37.60		.00
PATHOLOGY	5	25		408.03		16.32	.000		81.61		.00
RADIOLOGY	4	7		140.91		20.13	.000		35.23		.00
ROOM USE	13	28		1,413.51		50.48	.000		108.73		.02
CROSSOVERS/ALL OTH OUTPTNT	12	30		799.45		26.65	.000		66.62		.01
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MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

					----- MONTHLY AVERAGE -----			
87,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,993	63,177	\$ 6,398,009.12	\$ 101.27	.723	\$ 533.48	\$ 73.22	
COMM HOSP INPATIENT TOTAL	1,146	5,330	4,908,845.20	920.98	.061	4283.46	56.18	
HSC HOSPITALS	159	1,154	1,455,542.09	1261.30	.013	9154.35	16.66	
NON-HSC HOSPITALS TOTAL	683	2,570	3,225,994.27	1255.25	.029	4723.27	36.92	
ACCOMMODATIONS	682	2,570	922,611.03	358.99	.029	1352.80	10.56	
ADMINISTRATIVE DAYS	9	124	41,294.13	333.02	.001	4588.24	.47	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	677	2,446	881,316.90	360.31	.028	1301.80	10.09	
ANCILLARIES	683	0	2,303,383.24	.00	.000	3372.45	26.36	
INPATIENT CROSSOVERS	319	1,606	227,308.84	141.54	.018	712.57	2.60	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	11,284	57,847	1,489,163.92	25.74	.662	131.97	17.04	
MEDICAL	1,351	1,814	64,287.11	35.44	.021	47.58	.74	

SURGERY	1,049	1,178		36,040.83		30.59	.013	34.36	.41
PATHOLOGY	4,229	16,146		207,094.24		12.83	.185	48.97	2.37
RADIOLOGY	2,794	4,042		296,655.54		73.39	.046	106.18	3.39
ROOM USE	6,255	9,610		366,714.60		38.16	.110	58.63	4.20
CROSSEOVERS/ALL OTH OUTPTNT	5,674	25,057		518,371.60		20.69	.287	91.36	5.93
@STATE HOSPITAL	7	212	\$	91,450.59	\$	431.37	.002	\$ 13064.37	\$ 1.05
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	7	212		91,450.59		431.37	.002	13064.37	1.05
@NURSING FACILITY	3,174	94,708	\$	9,968,202.73	\$	105.25	1.084	\$ 3140.58	\$ 114.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	7	220		20,497.80		93.17	.003	2928.26	.23
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3,168	94,488		9,947,704.93		105.28	1.081	3140.06	113.84
@INTERMEDIATE CARE FACIL.-DD	65	2,151	\$	308,282.43	\$	143.32	.025	\$ 4742.81	\$ 3.53
ICF DDH	11	356		52,748.52		148.17	.004	4795.32	.60
ICF DD	29	1,085		130,774.80		120.53	.012	4509.48	1.50
ICF DDN/DDCN	25	710		124,759.11		175.72	.008	4990.36	1.43
@HEMODIALYSIS TOTAL	222	3,922	\$	211,894.67	\$	54.03	.045	\$ 954.48	\$ 2.42
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	222	3,922		211,894.67		54.03	.045	954.48	2.42
@REHABILITATION FACILITY	82	934	\$	13,891.83	\$	14.87	.011	\$ 169.41	\$.16
HOSPITAL BASED	15	39		1,970.93		50.54	.000	131.40	.02
INDEPENDENT FACILITY	67	895		11,920.90		13.32	.010	177.92	.14
@LABORATORY FACILITY	1,614	4,592	\$	73,638.18	\$	16.04	.053	\$ 45.62	\$.84
PATHOLOGY	1,598	4,293		73,415.51		17.10	.049	45.94	.84
XO AND OTHERS	16	299		222.67		.74	.003	13.92	.00
@ORGANIZED OUTPATIENT CLINIC	3,986	7,884	\$	791,958.13	\$	100.45	.090	\$ 198.68	\$ 9.06
CLINIC	709	2,219		63,316.01		28.53	.025	89.30	.72
SURGICENTER	61	267		10,867.27		40.70	.003	178.15	.12
HEROIN DETOX CLINIC	3	11		160.60		14.60	.000	53.53	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 NEVADA COUNTY

3,254 5,387 717,614.25
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

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					----- MONTHLY AVERAGE -----			
87,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,666	298,205	\$ 1,704,477.74	\$ 5.72	3.413	\$ 255.70	\$ 19.51	
DURABLE MED. EQUIP.	569	1,941	253,613.26	130.66	.022	445.72	2.90	
BLOOD BANK	1	10	191.00	19.10	.000	191.00	.00	
HEARING AID DISPENSERS	96	134	24,610.88	183.66	.002	256.36	.28	
MEDICAL TRANSPORTATION	558	12,207	149,635.14	12.26	.140	268.16	1.71	
AMBULANCES/AIR TRANS	398	5,498	97,770.42	17.78	.063	245.65	1.12	
OTHER TRANS	68	3,975	11,555.24	2.91	.045	169.93	.13	
OTHER SERVICES	116	2,734	40,309.48	14.74	.031	347.50	.46	
ACUPUNCTURE	8	30	454.17	15.14	.000	56.77	.01	
ADULT DAY HEALTH CARE CTR	302	3,877	256,648.32	66.20	.044	849.83	2.94	
GENETIC DISEASE TESTING	274	275	21,866.00	79.51	.003	79.80	.25	
IHMC,MODEL-NF,NF,AIDS,MSSP	108	5,395	185,378.58	34.36	.062	1716.47	2.12	
OCCUPATIONAL THERAPIST	5	55	446.78	8.12	.001	89.36	.01	
OPTICIAN	996	2,221	23,156.19	10.43	.025	23.25	.27	
PHYSICAL THERAPIST	8	22	462.10	21.00	.000	57.76	.01	
PORTABLE X-RAY	16	29	162.18	5.59	.000	10.14	.00	
PROSTHETIST/ORTHOTISTS	172	476	41,437.82	87.05	.005	240.92	.47	
PROSTHETICS	153	452	40,618.13	89.86	.005	265.48	.46	
ORTHOTICS	19	24	819.69	34.15	.000	43.14	.01	
PSYCHOLOGIST	15	45	1,210.48	26.90	.001	80.70	.01	
SPEECH AND AUDIOLOGY	150	398	38,588.54	96.96	.005	257.26	.44	
HOSPICE SERVICES	94	2,249	236,795.91	105.29	.026	2519.11	2.71	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,998	58,876	270,357.10	4.59	.674	135.31	3.09	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,668	209,965	199,463.29	.95	2.403	119.58	2.28	
@CALIF. CHILDREN SERVICES*	603	10,290	\$ 1,042,815.75	\$ 101.34	.118	\$ 1729.38	\$ 11.93	
@XOVER EXCLUDING STATE HOSP**	5,922	52,827	\$ 1,042,430.75	\$ 19.73	.605	\$ 176.03	\$ 11.93	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.